8/2

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New Estimates Put 1977 Cost of ADM Problems at $106 Billion

A new ADAMHA study places the total annual cost to the Nation from ADM problems at $106 billion, including $49.4 billion for alcohol abuse, $16.4 billion for drug abuse, and $40.3 billion for mental illness in 1977.

The new cost figures, derived using PHS Guidelines for Cost-of-Illness Studies, substantially exceed previous estimates.

Best estimates up to now were $42.8 billion for alcohol abuse, $10.3 billion for drug abuse, and $36.8 billion for mental illness.

The new figures take into account both direct costs and indirect costs, such as lost productivity and premature mortality, attributed to these public health problems.

The ADAMHA study is one of the first to employ the PHS

See COSTS (P. 3, Col. 1)

Economic Costs to Society of Alcohol, Drug Abuse, and Mental Illness, 1977
(in billions)

	Alcohol Abuse	Drug Abuse	Mental Illness	Total
Core costs	$43.2	$ 5.2	$39.7	$ 88.1
Direct	6.4	1.3	18.2	25.9
Indirect	36.8	3.9	21.5	62.2
Other related costs	6.2	11.2	0.5	18.0
Direct	4.4	4.8	0.5	9.8
Indirect	1.8	6.4	—	8.2
Total	$49.4	$16.4	$40.3	$106.1

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Vol. VIII, No. 2, February 11, 1982

St. Elizabeths Comes to the Rescue At 14th Street Bridge Disaster

St Elizabeths Hospital was one of the area institutions called on for assistance following the January 13 crash of an aircraft taking off from National Airport in Washington, D.C.

The Hospital acted in line with Secretary Schweiker's directive that all PHS components render all possible assistance.

The first appeal for help came into the Hospital's Fire Department from the D.C. Fire Department. Later calls involved, in rapid succession, the Hospital's Industrial and Environmental Branch, the Superintendent's Office, the Division of Medical and Surgical Support Programs, the Motor Pool, Blackburn Pathological Lab, and the Hospital switchboard.

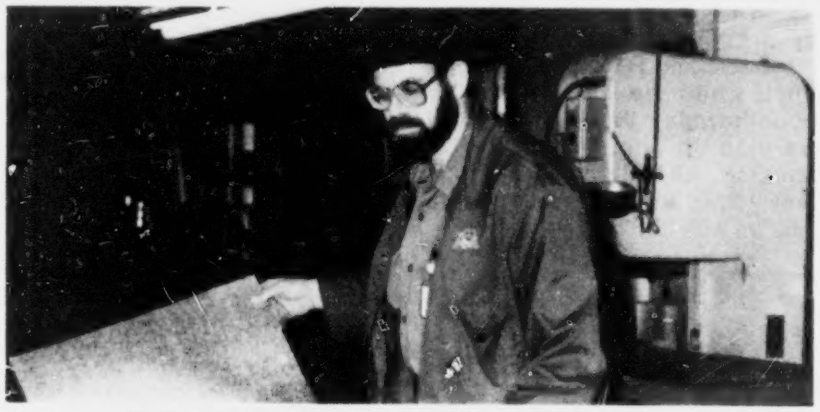
The Hospital first dispatched an ambulance with three emergency medical technicians to the crash site at the 14th Street Bridge. This unit, two additional ambulances, and a van subsequently were sent to the site of the later Metro system derailment which claimed the lives of three riders.

All off-duty firefighters were summoned during the course of the emergency, and the Hospital's emergency room was readied for possible use. Twenty-four staff members were dispatched to the actual emergency sites, but many more were required to work additional hours at the Hospital to make this response possible.

St. Elizabeths' aid to victims of the twin disasters is continuing far beyond the initial rescue efforts. The Hospital offers free counseling to survivors and any others who have been touched by the disasters, including families and friends of survivors and victims, and rescue workers.

Services will be provided by members of the Hospital's professional staff who are expert in crisis counseling. The staff also is available to assist clergy and other caregivers in the community to aid survivors and families.

—Don Coyle, St. E's.



Roger Olian at work in St. Elizabeths sheet metal shop.

BLOCK GRANT UPDATE

54 States Get Second Quarter Funds

Fifty-four States and Territories have been approved for Alcohol and Drug Abuse and Mental Health Services (ADMS) block grant awards for the second quarter of FY 1982 at a nationwide total of nearly $87 million. The second quarter awards raise the total allotment thus far at close to $193 million.

Hawaii, Montana, and New Hampshire will be operating under ADMS block grants for the first time. The other 51 States opted for block grant funding at the start of the fiscal year last October. California, Guam, and the Trust Territories have not yet applied for the grants.

ADAMHA has been using the existing allocation formula to determine the amounts of the new grants. The formula, which bases a State's award on the size of its past allocations, is an issue now under review; in fact, some States have complained that their share was not an equitable portion of the block grant allotment.

The authorizing legislation addresses this problem by requiring each agency to "conduct a study

See BLOCKS (P. 2, Col. 1)

INSIDE. . .

Regional Seminars Acquaint State Lawmakers With MH Issues 2

Employee At Scene Swims To Wreckage

A St. Elizabeths employee driving home from work during the January 13 snowstorm performed as a hero when he jumped into the Potomac River to rescue victims of the 14th Street Bridge aircraft disaster.

Roger Olian, Sheetmetal Shop supervisor, was crossing the bridge when the plane crashed. He sized up the situation quickly

See HERO (P. 2, Col. 1)

HE 20. 8013:

BLOCKS

from page 1

for the purpose of devising a formula for the equitable distribution of funds ... [and] submit a report to the Congress" by June 30, 1982.

A special ADAMHA committee has begun work on the allocation formula. In accordance with the legislation, the committee is examining various factors that influence States' funding needs, such as population and financial resources. To assure a consistent Federal policy, ADAMHA is collaborating with other PHS agencies that are developing formulas for their block grant programs.

The committee is consulting with representatives from the State level as well in developing the formula. To gain the States' perspective, the committee has contacted the National Governors' Association, the National State Legislators' Association, the National Association of State Alcohol and Drug Abuse Directors, and the National Association of State Mental Health Program Directors.

ADAMHA also is planning to work with State personnel on building voluntary State reporting systems.

By generating data on programs funded by each State, reporting systems would help pinpoint trends in service needs and service utilization. According to ADAMHA Administrator William Mayer, the systems "would provide a great deal of flexibility to the States, while also providing enough standardization of the basic data so that it would be possible to have national totals and comparisons among the States.

"These data, however, would not be required as part of any ADAMHA-administered national data system," Mayer emphasizes.

—K.C., ADAMHA

FOR STATE LEGISLATORS

Regional Seminars Planned on Mental Health Issues

NIMH will sponsor three regional seminars in March and April to inform State legislators and their staff on current issues in mental health.

The National Conference of State Legislatures (NCSL) will conduct the NIMH-supported seminars on March 25–27 in Colorado Springs, April 16–17 in Saint Louis, and April 30–May 1 in Philadelphia.

Announcing the seminars, NCSL said, "The overall objective of the Mental Health Project is to improve the decisionmaking ability of the States in the mental health area. Two [specific] goals ... are: to increase interstate communication regarding mental health problems, issues, solutions, and legislation; and to establish a formal, open channel of communication between the National Institute of Mental Health and the Nation's State legislatures."

A principal topic will be the evolving State responsibilities in light of the alcohol and drug abuse and mental health services (ADMS) block grant, said Iris Gelberg, NIMH project officer for the seminars.

Iris Gelberg

Deinstitutionalization also will be discussed, with emphasis on the balance between community-based and institutional care. Concurrent workshops will focus on special topics such as funding, accountability, and information sharing among States.

"State officials and the mental health community will need meetings like these, not only in the transitional period of the ADMS block grant, but throughout the foreseeable future," Gelberg said. "Technical assistance to the States, on request, will become an increasingly important mission for NIMH."

The seminars were planned at a December workshop of key State legislators, NIMH and NCSL staff, and representatives of national organizations, held in Leesburg, Va. Task groups there identified issues of primary interest to the legislators.

NIMH Director Herbert Pardes told the workshop participants, "Dramatic changes going on in the mental health field will cause a reworking of many relationships. We see a new era in terms of cooperation between mental health people at the various government levels, and between elected and appointed officials at the State and local levels and NIMH.

"Be it collaboration around technical assistance, data collection, or exploration of solutions to the financing issues," he stated, "we see the next decade as a time of substantial need for collaboration."

—James Doherty, NIMH

Research on Schizophrenia In Elderly Will Be Reviewed at May Meeting

Because little systematic research has been done on schizophrenia in the elderly, NIMH is sponsoring a meeting in May to assess the "state of the art and generate needed studies," said Dr. Nancy Miller, NIMH Center for Studies of the Mental Health of the Aging.

The onset of schizophrenia typically begins in early adulthood, and relatively little attention has been paid to the disorder's course or treatment response as patients grow older. In fact, Miller pointed out, there are only two current NIMH research projects on the subject and very few past studies from which to cull needed data.

The meeting will focus on two populations: those diagnosed as schizophrenic in early adulthood who presently are entering old age, and those who have experienced the first onset of symptoms in later life. The latter condition often is referred to as "paraphrenia."

Issues addressed will include the course of the illness, reliability of diagnosis, appropriate drug treatments, risks of side effects, community and institutional care, and service delivery.

Miller would like to hear from anyone who may have data on the symptoms, chronicity, course, and treatment of schizophrenia among the elderly, particularly as related to age-linked neurobiological changes. Those who wish to contribute materials or attend the meeting are invited to call (301) 443-1185, or write to her at 5600 Fishers Lane, Room 11A-16, Rockville, MD 20857.

HERO

from page 1

and saw a desperate need for rescuers to get to the passengers floating in the icy river.

A good swimmer, Olian tied one end of a rope to himself and, handing the other end to people on the shore, began swimming out to the wreckage. Despite the intense cold, he had virtually reached the aircraft, pulling himself along by grasping chunks of ice, when the first helicopter arrived.

After being pulled back to the bank of the river, Olian was taken by ambulance to the National Orthopaedic and Rehabilitation Hospital, where he was treated for hypothermia. When he finally warmed up and was no longer shaking, he called his anxious family from the Hospital to explain why he was late getting home.

—Don Coyle, St. E's

Editor's Note: Roger Olian has been nominated for the DHHS Distinguished Service Award, Heroic Act Category

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and Mental Health Administration
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National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

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***ADAMHA News* invites comments and suggestions from its readers. Phone (301) 443-3783 or write to: OCPA, Room 6C-15, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20857.**

COSTS

from page 1

Guidelines, aimed at achieving greater comparability in cost estimates across all health areas. It also is the first to substantially use the same methodology in estimating costs for all three ADM problems.

The new estimates are based on 1977, the latest year for which most of the needed data were available.

"This study provides the clearest basis for these cost estimates that we can obtain," said Dr. William Mayer, ADAMHA Administrator.

"The totals, however, undoubtedly still understate the true cost of alcoholism, drug abuse, and mental illness to society, due to a continuing lack of complete data in some categories."

The methodology used in the new study includes separate categories for "core costs" and "other related costs," with each of these broken down into "direct" and "indirect" cost components.

In the core category, "direct costs" include health care treatment for ADM problems and support services required to maintain a treatment network. "Indirect costs" include losses in productivity due to ADM illnesses, and premature mortality from them, among other items.

"Other related costs" encompass all expenditures from the nonhealth consequences of ADM problems. "Direct costs" in this category include expenses incurred by the criminal justice system in handling crimes involving ADM problems, motor vehicle damages and fire losses associated with ADM problems, drug traffic control expenditures, and others. "Indirect costs" in this category are such items as productivity losses from incarceration for ADM-related crimes.

Thomas Vischi, Director, ADAMHA Division of Treatment, which sponsored the study, specified some of the kinds of data that still were not available for a full cost picture.

"For example, " he said, "estimates for reduced productivity due to drug abuse and mental illness could not be located, although we had good data for alcohol abuse. We also lacked data on incarceration costs related to mental illness, but these costs are included for alcohol and drug abuse.

"Because of these variances, the total estimates are not entirely comparable across the three problems," Vischi said.

The special nature of each ADM problem area also significantly affected the composition of the total costs for that problem, the study report indicates. For example, core costs constitute 99 percent of the total for mental illness, but only 32 percent for drug abuse.

The study was done for ADAMHA by Research Triangle Institute, Raleigh, N.C.

A copy of the report, entitled "Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness—1977" is available from the Division of Treatment, ADAMHA, Room 15C-15, Rockville, MD 20857.

—James Helsing, ADAMHA

Worldwide Concern Prompts Alcohol Research Abroad

Alcohol research is on the upswing in other countries, and the United States is taking renewed interest in research programs throughout the world, according to Dr. Boris Tabakoff of the University of Illinois Medical Center in Chicago.

Observations on developing alcohol research programs around the globe were presented by Tabakoff, Chairman of the newly formed International Society for Biomedical Research on Alcoholism, at a recent NIAAA seminar.

The last issue of *ADAMHA News* featured Tabakoff's report on programs in Scandinavia, Britain and Australia, and the Orient. This issue relays his findings on alcohol research in the Soviet Union.

In 1980, the Soviet Union formed a Commission on Alcohol and Narcotics. Alcoholism, not drug abuse, has been seen as a major problem in Soviet countries. The problem caught the attention of political leaders who approved formation of the Commission, which now has two divisions—research and fiscal affairs. An advisory group of scientists sets research policy.

Dr. Irina Anokhina, who currently supervises alcohol research at the All-Union Research Institute of General and Forensic Psychiatry, has achieved prominence for her work on the effects of alcohol on the brain, Tabakoff reported.

Russian clinicians are moving very quickly to translate some of her recent laboratory findings into useful therapies. A major clinical application of her work is the use of two drugs, apomorphine and naloxone, in detoxification.

Naloxone is given early in treatment, in daily doses, to reduce intoxication. Apomorphine is given to reduce the severity of withdrawal symptoms. It apparently stimulates dopamine systems, which are depressed by chronic alcohol use. In the United States, naloxone has been tried only on a few patients in ethanol-induced comas, Tabakoff noted.

Figures on the prevalence of alcohol problems in the Soviet Union are not routinely released, but approximations are possible, Tabakoff said. For example, an estimated 10,000 persons are treated in Moscow clinics annually, which would be about 0.3 to 0.4 percent of the city's population.

Alcoholics in the Soviet Union are classified in one of three categories: those who can't control their drinking, those who suffer withdrawal symptoms when drinking stops, and those who have incurred neurological damage. Alcoholism is considered a medical problem, yet the heavy involvement of psychiatrists in treatment precludes much attention to the effects of alcohol on the liver and other organs.

Therapy ranges from acupuncture to group therapy to private sessions with a psychiatrist. In group therapy, hypnosis may be combined with aversive techniques: group members are hypnotized, and a drink is offered, accompanied by the suggestion of aversive situations.

Antabuse implants, slow-release capsules implanted beneath the skin, also may be part of therapy. The Soviets are aware that release from the implant is not constant, Tabakoff noted, so they place Antabuse in the patient's food for 3 to 4 months, and the patient is told the implant exerts the effect.

The chief difference between research in the United States and in the Soviet Union is the latter's strong reliance on clinical observation, he said. "It is difficult for them to get the materials and funds to do large-scale and con-

See SOVIETS (P. 4, Col. 1)

NIDA Workshop for Training Staff

NIDA will hold its 1982 National Staff Development Workshop February 22-26 in Washington, D.C.

The annual event draws drug abuse training staff from across the Nation to sharpen their skills and inform them about new directions in the field. Participants include State drug abuse training representatives, staff from Regional Support Centers and American Indian Advisory Groups, and NIDA grantees and training research fellows.

Karst Besteman, PHS Regional Health Administrator for Region II and former NIDA Deputy Director, will be keynote speaker. Other speakers scheduled are Dr. William Pollin, NIDA Director; Dr. Lonnie Mitchell, Director, NIDA Division of Training; Dr. Carl Leukefeld, Acting Director, NIDA Division of Prevention and Treatment Development; and several Single State Agency Directors.

Twelve "skill sessions" throughout the 5-day conference will cover such topics as marketing, organizational development, staff burnout, networking, fiscal management skills, and developing constituency relationships.

This year's workshop marks a first-of-its-kind collaboration between the drug abuse training and prevention fields. NIDA's State Prevention Coordinators—prevention specialists who work within State substance abuse agencies—have scheduled their own Staff Development Workshop to coincide with the training work-

See TRAINING (P. 4, Col. 4)

SOVIETS

from page 3

trolled clinical trials. So findings often are deduced on the basis of a large number of detailed patient observations."

Other Soviet investigators have found that naturally-occurring alcohol levels in the body tend to be lower in alcoholic persons. They now are exploring how measurement of these levels might someday aid in predicting risk for alcoholism, he said.

Prevention in the Soviet Union includes distributing extensive information in the workplace that warns of the dangers drinking poses to one's health and the health of the unborn child. But more reliance is placed on the premise that "if you make the punishment heavy enough, people will stop drinking," Tabakoff said.

The person caught drunk in public once is assigned to a treatment program. Caught inebriated twice, the person is assigned to a clinic at the workplace where 3 to 4 months are spent in treatment. The person found publicly drunk three times is considered an antisocial personality and can be committed to a psychiatric service on an inpatient basis where therapy may continue as long as 2 years before release.

For further information, contact Tabakoff at the Department of Physiology, University of Illinois Medical Center, P.O. Box 6998, Chicago, IL 60680.

—NIAAA Information & Feature Service

NIMH Seeks Studies of Long-Term Treatment

NIMH is soliciting proposals for research projects on the "Long-Term Somatic Treatment of Affective Disorders." Two or more projects will be supported for a maximum of 5 years; total funds available for the projects are estimated at up to $1 million per year.

Somatic treatments—including antidepressants, lithium, and electroconvulsive therapy—have been proven effective in controlling symptoms during acute episodes of depression and related illnesses. But treatments extending beyond acute symptoms, which typically last 3 to 8 weeks, have not received much research attention.

"As a result," the Special Research Grant Announcement states, "there are many critical gaps in our knowledge as to how to treat affective disorders following the initial control of acute symptomatology."

The treatment studies must focus on either of two basic problems in this area. The first concerns *continuation therapy*. Such treatment suppresses symptoms until the episode of depression has run its full course, which can last from 3 months to 1 year or longer.

Continuation therapy reduces the depressed patient's risk of relapse. However, the extended use of medications makes it "extremely difficult to determine when the episode is completed. This may cause the clinician either to withdraw the drug prematurely or unnecessarily prolong treatment."

The projects' other focus will be on *long-term preventive therapy*, which deals with the recurrent or chronic nature of affective illness.

More than 50 percent of adults who suffer a major depressive episode have one or more recurrences. Recurring episodes disrupt the patient's family, work, and social life, and they can be fatal; approximately 15 in 100 depressed people commit suicide.

Research has shown that extended pharmacologic treatment can prevent the recurrence of episodes or reduce their severity or duration. But such studies mostly have been limited to therapy with lithium, imipramine, or amitriptyline, in patients suffering frequent and severe episodes of depression or mania. Data on other treatments and populations are scarce.

The special grants are available for research on a broad spectrum of affective illnesses, such as bipolar disorder, recurrent major depression, dysthymic disorder, atypical affective disorder, and episodic schizoaffective disorder. Studies are restricted to evaluating somatic therapies but may include combined somatic-psychosocial treatment approaches (e.g., an antidepressant drug combined with psychotherapy).

The following are specific issues of interest:

- *Duration* and *Dosage* (of either continuation or long-term preventive treatment)
- The benefits of continuation treatment with antidepressants for patients initially treated with electroconvulsive therapy
- "Intermittent" vs. "continued" drug therapy in long-term prevention treatment.

The deadline for applications under this Special Research Grant Announcement is March 1, 1982. Potential applicants may contact Dr. Robert Prien, NIMH Project Officer, 5600 Fishers Lane, Room 10C-06, Rockville, MD 20857, (301) 443-3568.

—K.C., ADAMHA

TRAINING

from page 3

shop. By meeting at the same time and place, the two groups hope to stimulate cohesive planning between their fields throughout the coming year.

The two workshops are open to all those interested in attending. For further information, contact Lillian Ramirez of the National Drug Abuse Center, a NIDA training component which coordinates the workshop, at (301) 588-5484, or Clifton Mitchell, NIDA Project Officer, at (301) 443-6720.

Volunteers Needed

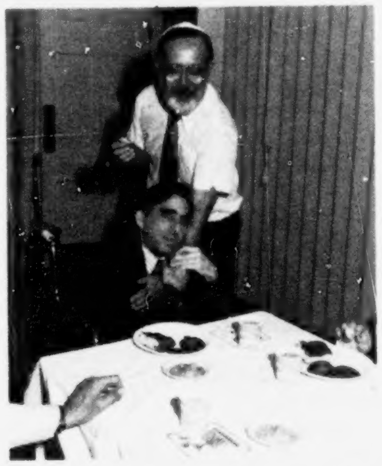
Volunteers between ages 21 and 45 who have difficulty sleeping are needed to participate in a sleep study. Participants in the study must not be taking any medication and must have no history of psychiatric treatment nor any known medical illness. Volunteers, who will be paid, must be willing to spend 4 consecutive nights and 4 days (can be nonconsecutive) at the National Institutes of Health campus in Bethesda. No drugs will be given in this study. For further information, call 496-6884.

Former St. E's Patient Has Bar Mitzvah at Age 38

Former St. Elizabeths Hospital patient Charles Hoffman, who has joined a group home in Silver Spring, drew press attention recently when he had a long-delayed Bar Mitzvah at age 38.

Witnessing the special ceremony at B'nai Israel Congregation were many friends, including Hoffman's Hospital chaplain, his helpers from St. Elizabeths Hospital, the Montgomery County Association for Retarded Citizens, and the Jewish Social Service Agency.

Hoffman had many difficulties to overcome. He was born with cerebral palsy, is severely crippled from childhood polio and wheelchair-bound, has emotional problems, and is mildly retarded. His parents placed him in St. Elizabeths when he was 17 because they could not cope with his temper tantrums, he says. During his nearly 20 years at the Hospital, he became an active participant in the Jewish services in the Hospital's synagogue.



Former St. E's patient Charles Hoffman (seated) celebrates his recent Bar Mitzvah with Rabbi Joseph Levine.

Photo by Merlin Paulson

Several persons—the Hospital chaplain, a rehabilitation nurse, and a social worker—made arrangements which culminated in Hoffman's move into a group home where three other retarded adults live. Now he is self-sufficient. He does his own laundry, goes to work daily, and shares household tasks. Shortly after moving to Silver Spring, he began preparations for the Bar Mitzvah he had missed as a boy of 13. Twice weekly, his friend Theodore Rosenberg of Bethesda tutored him in the prayers of the ceremony.

Today, Charlie Hoffman is a man. Those who witnessed his Bar Mitzvah December 12 celebrated not only his ritual passage to manhood, but his overcoming multiple handicaps to achieve independence.

—Don Coyle, St. E's

8/3

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

adamha news

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Vol. VIII, No. 3, February 26, 1982

China, U.S. Exchange Researchers For Pilot Study of Drug Therapy

A pilot study with important implications for drug treatment of psychiatric disorders in Oriental individuals is underway at the NIMH Intramural Research Programs (IRP).

Dr. William Potter, Acting Chief, Clinical Psychobiology Branch, described the work in a recent interview.

The study, which is being carried out under the mental health component of a cooperative health agreement between China and the United States, compares drug metabolism in Chinese and Caucasian individuals, said Potter. "Doses suitable for one population may not be suitable for the other. Preliminary findings indicate differences in rates of metabolism of the study drug, desipramine, a tricyclic antidepressant."

While looking at drug metabolism rates, NIMH scientists also are checking to see if one of the more recent markers for depression found in Caucasians—the growth hormone response to desipramine—also can be used as a marker in the Chinese.

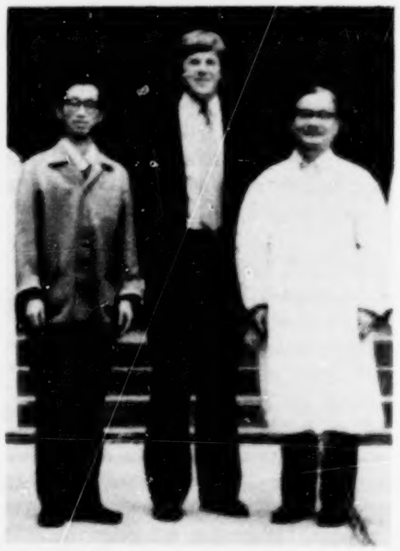
"The release of growth hormone is very blunted—almost wiped out—in depressed Caucasian patients, but returns to normal when they recover. Desipramine causes growth hormone release," Potter explained.

The IRP study is being conducted with the assistance of Dr. Zhang Wen-Ho, who came to NIMH last summer under the cooperative health agreement. It involves recent Chinese arrivals to this country from China's predominant Han population.

"We believe subjects are biogenetically representative of the major population in China, and depending on our findings here, we may have an excellent biochemical tool for testing patients in Peking," said Potter.

If findings are fruitful, test results and protocols will be sent to Dr. Steven Potkin for further studies with Chinese individuals. Last September, Potkin, an NIMH scientist, began a 1-year work assignment in Peking as part of the cooperative agreement. He is

See CHINA (P. 2, Col. 1)



This picture was taken in Shanghai of Dr. William Potter (center), Acting Chief, NIMH Clinical Psychobiology Branch; Dr. Chen-Yi Hsai (right), Professor and Chief, Department of Psychiatry, Shanghai First Medical College; and Dr. Zhang Ming-Dao (left), who now is in the U.S. working with Potter's lab.

President Sends FY '83 Budget To Congress

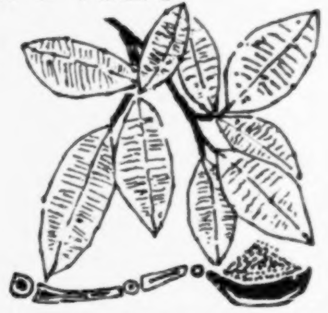
The budget request for fiscal year 1983 sent to Congress by President Reagan February 8 seeks a total of $305,177,000 for ADAMHA programs, compared with an estimated agency budget of $322,132,000 in 1982, not including State block grant funds.

The request for 1983 includes $195,783,000 for NIMH, $60,334,000 for NIDA, and $43,037,000 for NIAAA. It also asks $5,923,000 for the Office of the Administrator, and $100,000 for renovation of intramural research facilities.

See BUDGET (P. 2, Col. 2)

CODAP REVEALS:

Cocaine Abuse Problems Have Tripled in Past 3 Years



Admissions to federally funded treatment clinics for problems associated with cocaine use more than tripled between 1977 and 1980, according to a recent analysis of records in NIDA's national data collection system.

Drug treatment records from the Institute's Client Oriented Data Acquisition Process (CODAP) show that about 11,350—or 4.5 percent—of 1980 admissions to federally funded clinics were primarily due to cocaine use.

This is an average of 950 admissions per month, a more-than-threefold increase since 1977.

Some cocaine users develop problems or become dysfunctional because of its use. The people who sought treatment because of cocaine use in 1980 had the following characteristics:

- 77 percent were male, and 23 percent female.
- 63 percent were white, 28 percent black, 7 percent Hispanic, and 2 percent other.
- 17 percent were under 18 years of age, 61 percent between ages 20 and 29, and 21 percent were 30 years old or over.
- More than one out of two had first used cocaine before age 20. Specifically, 19 percent started using it before age 15, 18 percent at age 16 or 17, and 18 percent at age 18 or 19.
- 14 percent said they did not have any other drug problem; 34 percent reported secondary problems with marijuana, 12 percent with alcohol, 10 percent with heroin, and 30 percent with various other drugs.
- Of clients admitted to treatment with a primary problem with heroin, more than 21 percent reported cocaine as a secondary drug problem.

The treatment that cocaine abusers receive varies from clinic to clinic. In 1980, it generally involved outpatient drug-free therapy (62 percent) and drug-free therapy in a residential environment (26 percent). The length of treatment averaged slightly more than 4 months. Nearly 36 percent of those clients in treatment for cocaine abuse previously had received treatment for drug abuse.

CODAP compiles information on all clients admitted to clinics that receive part of their funding from Federal sources. Approximately 2,100 clinics, or more than one-half of the total number in the United States, report to this system.

INSIDE. . .

New Data On Hyperactive Children 4

NIAAA Council Hears Report On Prevention 7

HE 20.8013:

CHINA

from page 1

working with Dr. Yu-Tsen Shen, Associate Professor and Director of the Institute of Mental Health, Peking Medical College.

Since diagnoses vary between the two countries, said Potter, Potkin will have to test a wide range of psychiatric patients, whatever their diagnoses, and then see how the results distribute across Chinese diagnostic groups.

Potkin is establishing a library of videotaped interviews which, with translated psychiatric scales and questions, will be used for blind diagnostic ratings. "We can then get a diagnostic comparison to see how we would diagnose the same patients," Potter said. "It would be interesting if we found abnormal growth hormone release, typical of depressed Caucasian patients, in a group of Chinese patients diagnosed as something other than depressed."

In October, Potter went to China to facilitate plans for Potkin to collaborate as well with investigators in Shanghai. Potter met with Dr. Chen-Yi Hsai, Professor and Chief, Department of Psychiatry, Shanghai First Medical College, to work out the feasibility of biological research, particularly in the area of schizophrenia.

Potkin already has begun, in collaboration with a World Health Organization study, to gauge the response of Chinese schizophrenic patients to the drug haloperidol. The goals are to examine the pharmacokinetic responses to various dosages in the search for an effective concentration range for proper treatment, and to compare diagnoses through videotaping and blind ratings.

This may be one of the first controlled blind drug studies done in China, Potter observed.

Potkin also is investigating blood levels of monoamine oxidase (MAO) in schizophrenic patients, considered by some scientists to be a marker for schizophrenia. "The literature on platelet MAO in relation to schizophrenia is controversial," said Potter. "The large number of schizophrenic patients in China who have never been treated with drugs will provide a unique opportunity to assess the power of the MAO marker.

"Of course, Potkin first will have to establish the normal range of platelet MAO in the Chinese population, which may be different from the normal range in Caucasians."

While in China, Potter also made final arrangements for Dr. Zhang Ming-Dao, a Shanghai scientist, to come to IRP. Upon his arrival on December 17, Ming-Dao became the second Chinese researcher to work at NIMH under the cooperative agreement, joining Wen-Ho at the Clinical Psychobiology Branch.

Ming-Dao will be observing the mechanics of running a research-oriented psychiatric unit. He then will adapt a model suitable for transplant in China, said Potter.

Potter remarked that his trip made him aware of China's need for any type of equipment typically used by pharmacologically-oriented analytical laboratories. He would like to hear from anyone who has surplus equipment, such as refrigerated or nonrefrigerated centrifuges, HPLC equipment, or scintillation counters. He can arrange to loan and ship the equipment to China.

He also is interested in hearing about any kind of collaborative U.S./Chinese mental health research that may be underway in this country or in China. "I think it is important that we share our knowledge and experiences as a way of making the most of limited resources," he commented.

Potter can be reached by calling (301) 496-5755, or by writing to the Clinical Psychobiology Branch, Room 4S239, NIH, Clinical Center, Bethesda, MD 20205.

—Marilyn Sargent, NIMH

BUDGET

from page 1

The 1983 budget calls for increases for research in each of the Institutes—including boosts of $9.5 million for mental health research, $6.5 million for drug abuse research, and $12.1 million for alcoholism research. It would reduce research training slightly, eliminate clinical training support, and transfer administration of the ADM State block grants to the Office of the Assistant Secretary for Health. No further position reductions are proposed.

A separate request for $68 million was sent to Congress for Saint Elizabeths Hospital. This represents a decrease of $24 million from the 1982 budget level, which the Administration expects to be offset by increased contributions from the District of Columbia and other Federal sources.

Funds sought for NIMH include $149.9 million for research, $14.4 million for research training, and $31.4 million for program support.

For NIDA, the figures are $46.3 million for research, $0.9 million for research training, and $13.1 million for program support.

For NIAAA, the request includes $32.9 million for research, $1.1 million for research training, and $9.0 million for program support.

Total funds requested for research would allow the agency to award 1,060 grants, including 450 new and competing projects.

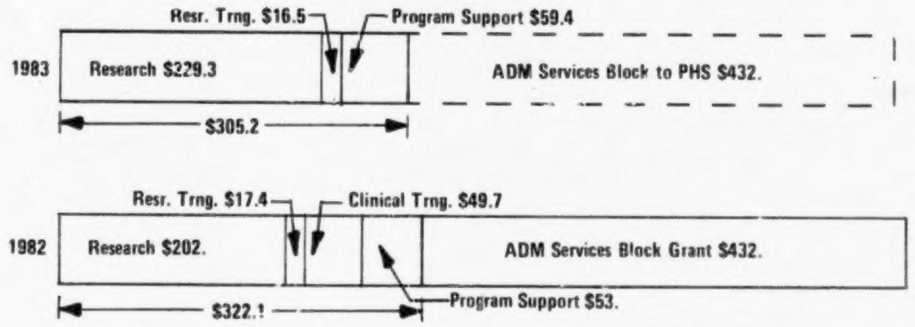
NIMH research in 1983 would continue to emphasize such problems as depression and schizophrenia, mental disorders in the aging, childhood mental illness, anxiety, stress, epidemiology, and basic research on the brain and behavior.

In addition to its ongoing research activities, NIDA would begin investigations of polydrug use involving narcotics to elucidate the complex interactions that can occur when a person uses narcotics in combination with other drugs. NIDA also would test the hypothesis that some aspects of narcotic addiction may result from disorders of the body's system for producing its own "natural opiates," called endorphins and enkephalins. In other studies, NIDA would assess the chronic effects of marijuana on brain structure, and begin studies of the pharmacokinetics of cocaine and its primary site of action in the nervous system.

NIAAA's research would continue to aim at understanding the complex factors involved in producing alcoholism, and conversely, those factors protecting some individuals from developing alcohol problems. Increased funds would also support further development and refinement of diagnostic techniques which can be inexpensively and readily used by physicians and other health care personnel.

See BUDGET (P. 3, Col. 4)

President's Budget for ADAMHA FY 1983
($ in millions)



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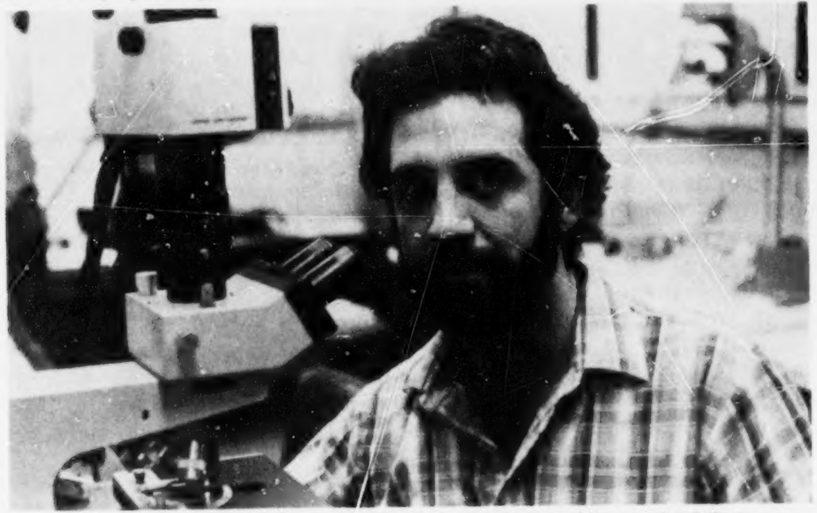
INTRAMURAL FINDINGS

Opiate Receptor Maps Help Track Brain Functions

Because neuroscientists have found that opiate receptors are located throughout the brain, they believe that internally manufactured opiate peptides may have a role in normal brain function that goes beyond killing pain.

"Given the widespread yet intricate and discrete localization of their receptors, endogenous opiates may be a basic neurotransmitter class, modulating neural activity and brain function in ways we do not yet understand," said Dr. Miles Herkenham, neuroanatomist with the NIMH Laboratory of Neurophysiology.



Dr. Miles Herkenham, neuroanatomist, NIMH Laboratory of Neurophysiology

Research showing that opiates have an effect on sensory perception, eye movements, locomotor activity, respiration, and heart rate indicates that opiate receptors are present in the parts of the brain that mediate those functions, Herkenham explained.

"Opiates are analgesics because they interact with opiate receptors located in the parts of the brain that mediate pain" he said, "and *not* because the opiates themselves have effects such as those produced by traditional anesthetic agents."

A surprising discovery, he continued, are the extreme differences in receptor distribution among species. "For example, rat hypothalamus has very few opiate receptors, whereas in rhesus monkey brain, the highest density of opiate receptors is located in some hypothalamic nuclei. Humans have extremely high densities of opiate receptors in the cerebral cortex."

These findings strongly suggest that opiates play different roles in different species, said the investigator.

Major advances in locating opiate receptors in the brain have been made possible by a technique developed by Herkenham and Dr. Candace Pert, NIMH Biological Psychiatry Branch. Described by Herkenham as "a new way of understanding drug and neurotransmitter action," the technique permits postmortem marking of drug and transmitter binding sites in brain tissue sections in which biological activity still is intact.

Using autoradiography, pictures are made that show where radioactively labeled drugs bind to their receptors. To spot locations of opiate receptors, for example, radioactively labeled morphine can be used. To locate a dopamine receptor, a radioactively labeled neuroleptic is used.

"An exciting feature," said Herkenham, "is that we can map receptor distributions in the brain after death, which permits us to study human brain tissue."

The scientist and his colleagues already have begun to examine opiate and dopamine receptor distributions in the brains of deceased schizophrenics and individuals who died with neurologic disorders such as Parkinson's Disease.

Based on knowledge that antipsychotic neuroleptic and anti-Parkinsonian drugs work via their interaction with dopamine receptors, biological theories hold that the disorders treated by these drugs involve some defect in the dopamine receptor system, Herkenham explained. Possibly there are too many or too few receptors, or they may be regulated improperly.

"By comparing the brains of these patients with brains of those who died having no indication of neural dysfunction, we may find differences in receptor locations or determine that there are quantitative or regulatory differences," he noted.

See BRAIN (P. 4, Col. 3)

BUDGET

from page 2

The research programs of all three Institutes also would emphasize research on prevention.

Intramural research in the three Institutes would be strengthened in 1983. For example, the mental health research program would acquire its own "PET" scanner to take full research advantage of the breakthrough achieved recently in the Laboratory of Cerebral Metabolism in developing techniques to visualize and map functioning of the brain.

NIDA's intramural program would initiate an epidemiological field station in Baltimore to provide a more precise view of what happens during an outbreak of a new drug problem, and how urban drug patterns change. NIAAA would complete staffing of its new research ward at the NIH Clinical Center, scheduled to open in spring 1982.

All support of clinical training would be eliminated under the President's 1983 proposal on the premise that large increases in numbers of persons trained have taken place since the program began in NIMH in 1963, and Federal subsidies are no longer required to meet the needs of the fields.

Research training would be marginally reduced from its 1982 level, with the projected number of persons trained in 1983 declining from 1,073 to 925.

The budget request for Saint Elizabeths Hospital will be followed by legislation proposing that it and other components of the D.C. mental health system be administered in the future by a public corporation.

Award-Winning Author Speaks on Insanity Defense at St. E's Marr Day

Saint Elizabeths Hospitals' Division of Forensic Programs held the Fifth Annual John Marr Symposium January 29 to discuss the use of the insanity defense in criminal trials.

The keynote speaker was Dr. Alan Stone, professor of law and psychiatry at Harvard University. Stone is the author of an NIMH "Crime and Delinquency" Monograph entitled *Mental Health and the Law: A System in Transition*, which received the 1975 Guttmacher Award from the American Psychiatric Association.

In his presentation, Stone noted that the ancient Chinese had recognized the validity of the insanity defense. In recent years, he reported, such defenses actually are used in extremely few cases in most jurisdictions (the District of Columbia being a notable exception), because plea-bargaining has become a more widely-used defensive technique.

The insanity defense has been blamed increasingly for allowing sane criminals to escape punishment, Stone said, and psychiatry has been criticized for supplying evidence sought by either prosecutor or defendant. He explained that this is a natural consequence of the adversary nature of the criminal justice system, which depends for its operation on each side finding and using the most convincing evidence possible.

Following Stone's speech, an invited panel discussed his remarks from the viewpoints of a psychiatric hospital superintendent, of the director of a forensic psychiatric program, of legal advisors for a psychiatric hospital and for criminal defendants, and of criminologists.

The John Marr Symposia commemorate the slaying of a Saint Elizabeths forensic staff member by one of his patients. Earlier symposia dealt with violent behavior, right to treatment in a safe environment, and treatment versus custody.

—Don Coyle, St. E's

NIMH Scientist Turns Detective To Conduct Israeli Followup Study

Left to right: Dr. Arje Latz, Dr. Allan Mirsky, and Dr. Edward Silberman meet after Latz's recent presentation to discuss the Israeli/NIMH Schizophrenia Study followup.

In their quest to resolve nature's mysteries, all researchers are detectives. But the role of detective took on a special dimension for Dr. Arje Latz, Associate Professor of Clinical Psychology, Boston University, when he went to Israel to conduct an NIMH-funded study and found himself embarked on a missing-persons search.

Latz, a former Israeli resident who is proficient in Hebrew and numerous other languages, was the perfect person to follow up a collaborative NIMH/Israeli schizophrenia study begun in 1965, said Dr. Allan Mirsky, Chief, NIMH Laboratory of Psychology and Psychopathology (LPP).

Mirsky, who had arranged for Latz to retest the original 100 study participants, recently reviewed the project's history for a staff seminar.

Initiated almost 20 years ago by Dr. David Rosenthal, an NIMH researcher, the study was designed to shed light on the environmental and genetic determinants of schizophrenia.

Of the 100 children involved, 50 had schizophrenic parents, and 50 were matched control offspring of nonschizophrenic parents. Twenty-five of each group were raised in their home environments; the other 25 grew up on a kibbutz.

At that time, Mirsky explained, children born on a kibbutz lived communally with their peers and spent relatively little time with parents. Thus, it was reasoned, schizophrenic symptoms found in a kibbutz-raised child more likely would be attributable to genetic factors rather than to the environment produced by a "schizophrenogenic" parent.

When the study began, the children's average age was 11. Enormous quantities of information about each child were gathered from psychiatric interviews and tests, neurological examinations, and interviews with parents and teachers.

Researchers, who had no knowledge of the children's backgrounds, examined the data and found two clearly discernible groups. Children of schizophrenic parents, regardless of where they were raised, showed more symptoms of maladjustment and soft neurological signs that did the controls. A followup done in 1973 showed similar findings.

"In 1981, the subjects were in their twenties, the age when schizophrenia typically emerges as a full-blown disorder. I thought it would be interesting to do a third followup, particularly using such improved psychiatric instruments as SADS [Schedule for Affective Disorders and Schizophrenia]," said Mirsky.

He rekindled the project, and recruited Latz and the original Israeli researchers, Dr. Schmuel Nagler, Institute of Research on Kibbutz Education, and Dr. Solomon Kugelmass, Hebrew University at Jerusalem.

Since letters were sent to the study participants informing them of the followup and of their appointments for retesting, Latz arrived in Israel believing he merely had to carry out the scheduled interviews. When only 14 of the 100 subjects showed up, he embarked on a missing-subjects search.

"I thought, because the country is so small, it would be easy to find people. After all, you can drive from border to border in a single day," Latz pointed out. In fact, it was a distance he was to drive often, sometimes more than once to contact a single person.

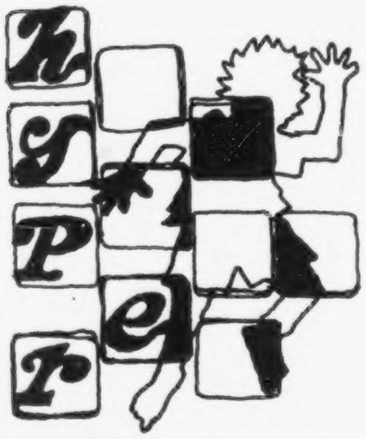
One of Latz's biggest problems was the sheer passage of time,

See ISRAEL (P. 5, Col. 1)

NIH CONFERENCE

New Data on Hyperactive Children

Even mildly hyperactive children were found to be more active throughout the day and night than a group of matched normals, said Dr. Judith Rapoport, Chief, Unit on Childhood Mental Illness, NIMH Biological Psychiatry Branch.



Rapoport was reporting the results of several Unit studies at the January Consensus Development Conference on Defined Diets and Childhood Hyperactivity sponsored by the National Institutes of Health.

The study compared activity in 12 boys "who were not glaringly hyperactive or disabled" with an equal number of boys who were not hyperactive at all. It was conducted by Dr. Linda Porrino while she was a postdoctoral fellow in the Unit.

An activity monitor invented by Dr. Theodore Colburn, NIMH Research Services Branch, made possible objective measurements of activity, Rapoport said. The youngsters wear the small accelerator-sensitive monitor, which has a solid state memory that makes it capable of recording hourly activity levels over a 10-day period of time.

In Porrino's study, normal youngsters were monitored for 7 days to get baseline data, while the hyperactive children, who participated in further studies of drug efficacy, were monitored for a period of 5 weeks.

Porrino demonstrated a pervasive 20-percent difference in activity levels between the two groups, Rapoport stated. Hyperactive children were more active in school, after school, and during the night. They consistently arose earlier and went to bed later than did the other children. Even during sleep, they moved about nearly twice as much as the other children.

Because the activity monitor provided hourly computer printouts, situational specificity could be examined. As was expected, situations affected outcomes, said Rapoport. Differences between the two groups were most striking in class, less so at lunchtimes, and disappeared during physical education periods.

See HYPER (P. 5, Col. 2)

BRAIN

from page 3

Tracking dopamine receptors with the idea that they are involved in mental illness is particularly difficult, Herkenham observed, because neuroleptic drugs bind not only to the dopamine receptor but to other sites in the brain. "Nevertheless, it is instructive to note where they do bind."

The challenge of locating opiate and neuroleptic/dopamine receptors is part of a larger goal which he described as "finding the structural correlates of the dynamic brain." For example, he explained, receptors, which are cell membrane components, are the structural sites where dynamic intercellular communication takes place.

The research team's long-term plans include mapping receptors in the cerebral cortex. A complete map awaits the discovery, by other scientists, of the significant neurotransmitters in the major motor and sensory pathways of the cortex, Herkenham said.

"By mapping receptor distribution in the brain, we are laying the foundation for learning which pharmacologic agents function in which parts of the brain. This information will, in turn, provide insights into the complex brain mechanisms that produce normal functioning, as well as the malfunctioning that results in mental and neurological disorders."

—Marilyn Sargent, NIMH

ISRAEL

from page 4

particularly in relation to the age group he was seeking. The 8 years that had passed since the subjects were last contacted were years of important change—names changed for young women who married, and addresses also changed for others who had left home.

His task was further complicated by the Israeli penchant for travel. "It was summer, and one-sixth of the total population leaves the country every summer," he explained.

"In addition, half the people brought up on a kibbutz leave it during their early twenties, and some never return," said Latz.

"First, I would try to telephone the kibbutz. But these settlements typically have only one phone for their 400 to 1,000 residents, and usually it is located in an office which is closed most of the time. I often called repeatedly before the phone would be answered, and then, the individual on the line rarely knew of the person."

Nevertheless, Latz persisted, driving to the kibbutz when necessary, and through many inquiries, was able to find a number of the subjects he sought.

In his pursuit, Latz also knocked on many doors, seeking clues and following trails which sometimes led from past neighbors to present neighbors to family members, and eventually to the subject.

This exercise was made more difficult, said Latz, by the need to gain trust. "Although many people were wonderful, graciously welcoming me in and offering refreshment. I sometimes had trouble gaining access because people didn't believe I was a scientist, even though I always carried my briefcase," he joked. He attributed the skepticism he encountered to the casual dress he sported because of the heat.

One day, he said, his ever-handy briefcase actually got him into trouble with the authorities. He had been sitting on a bench across from the home of one subject he had been unable to contact, and was awaiting the man's arrival, when an elderly lady persuaded him to walk her to a corner store. Unfortunately, he left his briefcase on the bench.

When he returned, he found it surrounded by police. In Israel, you do not casually walk away from a briefcase, he wryly noted. It had been reported by an observant citizen as possibly carrying a bomb.

In spite of his problems, Latz would not be discouraged. His ingenuity and tenacity as a survivor of Nazi concentration camps and as an Israeli soldier paid off. Within 10 weeks, he had located almost every subject and had managed to interview 87 of the 99 still alive.

A major issue in the interviews, he said, was to discern the difference between "normal" depression and pathology. Because of the stresses of living in Israel, and because 20-year-olds are trying to make decisions about their future, the subjects were at risk for depression and anxiety. Once they had resolved their conflicts and made certain decisions, the crises were over, but sometimes it was difficult to distinguish between a temporary state-related symptom or one indicative of a serious illness, Latz said.

The new data still have to be analyzed, but Latz anticipates that previous findings will be confirmed.

Mirsky reported that preliminary analysis has indicated some surprises, in that children of schizophrenics raised at home seem to have done better than those raised on a kibbutz. But it still is too early to make definitive statements, he said.

Among LPP staff analyzing the information are Dr. Edward Silberman, psychiatrist, and Eugene Tassone, data specialist and statistician.

—Marilyn Sargent, NIMH

HYPER

from page 4

Nevertheless, hyperactivity is not an artifact of a restricted situation, such as a classroom, Rapoport emphasized. Weekend monitoring also indicated higher activity levels for the hyperactive children, with significant differences when the subjects were watching TV. Hyperactive children were much less able to sit still.

Defined Diets and Childhood Hyperactivity

Dr. Judith Rapoport

A comparison of amphetamine and placebo administered to the hyperactive children showed that a single dose of amphetamine given at 8 a.m. normalized behavior for 8 hours, while placebo had no effect. The amphetamine effect also proved situation-specific, reducing classroom activity while increasing activity during physical education.

In fact, amphetamine-treated children were more active during physical education classes than were the hyperactive children on placebo, reported Rapoport.

In an effort to identify the underlying physiology of amphetamine's normalizing effects, she noted, carefully supervised studies have been carried out with several other drugs, each of which has a specific biochemical characteristic of selectively altering neurotransmitters. L-dopa and piribedil increase dopamine, desmethylimipramine and mianserin primarily increase norepinephrine, and L-tryptophan may increase central serotonin. However, none of these drugs appears to have any significant therapeutic effect, she reported.

A study underway with clorgyline, a MAO inhibitor that affects several neurotransmitters, indicates that clorgyline may be the first drug that works as well as amphetamine, said Rapoport. These findings indicate that hyperactivity may involve several neurotransmitters and may require a treatment drug capable of multiple neurotransmitter alterations.

Rapoport also reported on a study which compared the effects on adults and children of placebo and 3 and 10 milligrams per kilogram of caffeine. The smaller dose of caffeine had no significant effect on either group; the higher dose caused increased motor and speech activity in children but little significant increase in adults. Nevertheless, adults reacted more subjectively than did the children, complaining more readily of feeling jumpy and irritable.

The scientists noticed that the children's reactions appeared to differ depending on whether their regular diets included high or low caffeine use. This observation prompted a followup study in which two 5-milligram-per-kilogram doses per day were introduced following a period of caffeine restriction.

The high caffeine users became observably calmer and had lowered electrophysical responses following introduction of the caffeine. In contrast, low users became more aroused and showed higher response on some of the electrophysical measures.

The consumption of caffeine may involve a self-selection factor, said Rapoport. "It may be, not that you are what you eat, but rather, that you eat what you eat because of what you are."

A new study, just getting underway, will look at the effect of sugar on children, following the reports of many parents that sugar is associated with increased activity in their children.

—Marilyn Sargent, NIMH

NIMH Honors Goldberg

The NIMH Division of Biometry and Epidemiology held a day of research seminars January 15 as a tribute to Dr. Irving Goldberg, Chief, Applied Biometrics Branch, who is retiring from Government service. Goldberg was honored for advancing research on the relationship between mental health services and primary health care services. Participants included (left to right): Dr. Haroutun Babigian, University of Rochester, one of eight scientists from around the country who presented papers; Dr. Darrel Regier, Director, Division of Biometry and Epidemiology, (DBE); Goldberg; and Dr. Morton Kramer, Johns Hopkins University, a former DBE Director.

On Prime-Time TV, Three-Fourths of Mentally Ill Are Violent Characters

Television's portrayal of the mentally ill reinforces traditional stereotypes and prejudices, and furthermore, TV's subliminal messages could lead to poor health habits, said the authors of an NIMH-supported study published in the *New England Journal of Medicine.*

Dr. George Gerbner and his colleagues at the Annenberg School of Communications, University of Pennsylvania, reported in the Journal's October issue that characters identified as mentally ill and mental patients or former mental patients, although comprising only 3 percent of TV's prime time (8–11 p.m.) population, are the characters most likely to commit violent acts on television.

While 40 percent of all prime-time "normal" dramatic characters are violent, 73 percent of those characterized as mentally ill are violent, the authors found. Ten percent of the normal characters are killers, while 23 percent of the mentally ill are killers.

The mentally ill also suffer more than other characters. Eighty-one percent of the mentally ill are victims of violence, compared with 44 percent of others shown on television.

The authors stated that "no group other than the mentally ill suffers (and is shown to deserve) such a fate."

Misconceptions also permeate other areas of health, the study found, and subtle messages that run counter to healthy living abound on the TV screen.

More than three-quarters of all dramatic characters eat, drink, or talk about food—often more than once. Thirty-nine percent of all eating and drinking episodes involved grabbing a snack that was not nutritious. Fruit was a snack in only 4–5 percent of the episodes.

An analysis of commercials during evening prime-time and weekend daytime TV found that "sweets, snacks, and non-nutritional (junk) foods made up nearly one-half the food commercials," said the authors.

Alcohol is mentioned in 80 percent of the prime-time programs, aside from commercials. The authors estimated that a child is exposed to 10 drinking acts on television during 1 day's viewing.

The world of soap operas literally floats in alcohol. An average of nearly three 1-minute periods per each 21-minute program showed an alcohol-related event— a rate of about six per hour.

In spite of all this eating and drinking, television characters stay healthy, sober, and slim. While 25 to 45 percent of the American population is obese, only 4 percent of the TV characters suffer the problems of excess weight. Only 1 percent of prime-time characters on TV face drinking problems or alcoholism.

Smoking falls far below eating and drinking on prime-time TV. Only 11 percent of the men and 2 percent of the women are seen smoking.

Television's portrayal of doctors and nurses is equally unrealistic. The proportion of doctors and nurses on TV to the general population is 5 times higher than in real life. The doctor usually is portrayed as larger than life and male—a virtual miracle worker who not only solves patients' physical problems but also takes care of their emotional and social lives.

Female patients are bedridden at twice the rate of male patients, and the bedridden woman often is shown with a strong man—her husband, doctor, or romantic partner—at her bedside. In reality, studies have shown that men suffer more serious illnesses than do women, and that, when seriously ill, both women and men usually have female caretakers.

See TV (P. 7, Col. 3)

Gordon Leaves NIMH To Accept Grant From Ford Foundation

Dr. James Gordon

Dr. James Gordon, former Chief, Adolescent Services, Saint Elizabeths Hospital, resigned from Government service January 31 to accept a Ford Foundation grant.

One of 23 winners chosen from 1,500 contenders in the area of Humanistic Perspectives on Contemporary Social Issues, Gordon won his grant to write a book on new religions and cults.

"The book," said Gordon, "will deal with motivations for joining cults, what individuals derive from joining, how families react, and what this phenomenon (the cult movement) has to tell us about what's lacking in our religious and social lives."

Gordon already has written four books and nearly 60 articles on such subjects as mental health services for troubled young people and their families, the connection between health and mental health, and holistic medicine.

His 10½ years with NIMH were spent "mostly working with community-based programs, teaching people how to use psychotherapeutic skills, studying programs, and writing for professional and lay audiences," he reported. He also lead the NIMH Runaway Youth Program and directed a special study on alternative services for the President's Commission on Mental Health in 1978.

Gordon began his NIMH career with the Mental Health Studies Center, and then worked with the Center for the Studies of Child and Family Mental Health before taking the position at Saint Elizabeths Hospital.

PUB RE-ISSUED

"Schizophrenia: Is There An Answer?"

"Schizophrenia, the most severe of the major mental illnesses, is a complex disorder which affects all aspects of an individual's personality. It is expressed differently in different people, and within a single individual, its characteristics may vary and change."

This statement from a recently re-issued NIMH booklet, *Schizophrenia: Is There an Answer?*, reveals that the "Chinese puzzle" nature of this illness persists in spite of advances in understanding it.

According to scientific research:

- Schizophrenia may be one or a combination of several disorders;
- It may be acute or chronic;
- It is possible for two people diagnosed as schizophrenic to show completely dissimilar symptoms;
- There is no known single cause for the disorder.

Etiology

Most researchers agree that schizophrenia itself is not inherited, but that a *predisposition* to the illness may be. Since scientists have not found a mode of genetic transmission, the significance of the genetic factor in individual cases has yet to be established. Most mental health workers now reject the once-held belief that parents are at fault, because there is little evidence that parental rearing practices play a role in the etiology of schizophrenia.

The recent rapid expansion of basic knowledge of the brain's biochemistry has focused on certain neurotransmitters associated with the development of schizophrenia. Special attention has been directed at the neurotransmitter dopamine because its action can be interfered with by most of the drugs which are effective in treating schizophrenic symptoms.

See BOOKLET (P. 7, Col. 1)

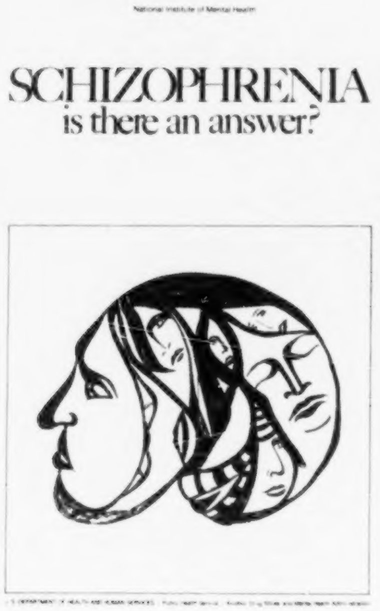
BOOKLET

from page 6

Clinical Course and Treatment

Studies that have followed 2,000 schizophrenic patients from first breakdown to old age suggest that 25 percent achieve full recovery, 50 percent recover at least partially, and 25 percent require lifelong care.

Treatment is based on experience and clinical research. "Antipsychotic drugs, by reducing psychotic symptoms, allow the patient to function more effectively and more productively," the booklet states. "They are known to reduce the risk of future breakdowns in recovered patients."



National Institute of Mental Health

SCHIZOPHRENIA

is there an answer?

The drugs can produce side effects, but the risk-benefit issues are considered in each individual case by the doctor, the patient, and the patient's family.

"Psychosocial therapy is practiced to improve the person's social functioning in multiple settings," the booklet notes. "Behavior therapy helps patients to change specific behaviors and to learn the simple skills of everyday living."

Treatment of schizophrenics also is becoming more community-oriented. Prolonged hospitalization is much less common than it was 20 years ago, with efforts made to reduce patients' hospitalization. NIMH launched a Community Support Program in 1977 to encourage States and local communities to assume responsibility for their chronically mentally ill using existing facilities and resources.

The Future

Just as there is no single cause of schizophrenia, neither is there a single treatment. But the future holds promise; NIMH staff predict that during the next decade, progress will occur in treatment philosophy and facilities.

The Institute's Center for Studies of Schizophrenia and its Division of Scientific and Public Information collaborated on producing the 20-page account of "what schizophrenia is, what causes it, how it is treated, and its outlook." Copies of the booklet are available from NIMH Public Inquiries, Room 11A–21, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4515.

—*Myrle Kahn, NIMH*

NIAAA Council Hears Report on Prevention Study Findings

"We can't get at a large proportion of alcohol problems in the United States if we only treat alcoholics," said Dr. Mark Moore, leader of a recently completed National Research Council study of alternative alcohol abuse prevention policies, in a presentation to the National Advisory Council on Alcohol Abuse and Alcoholism at its February 1 meeting.

The study was conducted by the National Research Council, an arm of the National Academy of Sciences, at NIAAA's request.

"In fact," Moore said, "the preponderance of alcohol-related problems in this country is not associated with alcoholism or chronic heavy drinking, but rather with episodes of drunkenness whose timing or frequency are such that they interact with an unyielding environment to produce harmful consequences."

The Harvard professor reported to the Council that the 13-member NRC panel had come up with some "tempting possibilities" for designing prevention policies—most of them suitable for implementation at the State level—which may have potential for reducing adverse consequences of alcohol abuse.

Such policies could complement alcoholism treatment to form much broader overall prevention/intervention approaches than have existed so far, Moore indicated.

Among policy directions suggested by the panel in its report on "Alcohol and Public Policy: Beyond the Shadow of Prohibition" are measures to:

- "Regulate the supply" of alcoholic beverages available to the individual—not through prohibition, but by actions such as raising excise taxes, changes in legal drinking age, and licensing retail outlets,
- "Shape drinking practices" through changes in drunk driving laws or education programs of proven effectiveness, and
- "Alter the environment" in which adverse effects of alcohol problems occur, e.g., by requiring passive restraints on automobiles to prevent injuries in alcohol-related accidents.

Moore said the NRC study panel found enough evidence to suggest that such policies would prevent many negative outcomes of alcohol abuse. He cautioned, however, that large-scale experimentation is needed before the impact of such policies could be regarded as "proven."

In response to a question about how NIAAA will use the NRC findings, Acting Director Loran Archer said the Institute sees its next step as encouraging and possibly funding research needed to develop additional information for possible new prevention policies at the local, State, or national levels.

Reporting to the Council on other matters, Archer announced that the Institute currently is seeking applications for a new research center focusing explicitly on alcohol problems of the elderly. The awarding of a grant for such a center in FY 1982 is mandated in the Omnibus Budget Reconciliation Act of 1981. The research must include interrelated studies of prevalence, diagnosis, etiology, prediction, clinical course, treatment, or prevention of alcohol-related health problems in the elderly.

Application deadline is April 1.

"NIAAA wishes to award a grant to a center of research excellence to expand knowledge of the effects of alcohol on the elderly; our aim is to improve treatment of the elderly alcoholic and to promote more effective alcoholism prevention programs for this age group," Archer said.

He also reported that the recent elimination of benefits for alcoholism treatment in the Blue Cross-Blue Shield insurance program for Federal employees was being viewed as a "serious and crucial matter."

—*James Helsing, ADAMHA*

TV

from page 6

In summary, the authors stated that watching television may contribute to an attitude of "live-for-today," a lack of interest in health prevention, and an unfounded belief that doctors can cure all.

Two other conclusions with important health implications emerged. "With all other factors held constant," said the authors, "those who watch more television are more likely to be complacent about eating, drinking, and exercise."

Dr. David Pearl, Chief, NIMH Behavioral Sciences Research Branch, concurs and adds that a variety of other studies have left little doubt that television influences health beliefs and health-related behaviors.

"But," says Pearl, "while television's current messages may encourage inadequate health habits, the medium has the potential for promoting good health attitudes and behaviors among its viewers."

The authors brought that particular point home in the article. They concluded that television "may well be the single most common and pervasive source of health information." In fact, during daytime serials, the subject of health was the most frequent topic of conversation. "It may well be that daytime serials are the largest source of medical advice in the United States," the authors held.

—*Judy Folkenberg, NIMH*

"Sobriety Clubs" Have Revolutionized Alcoholism Treatment in Japan

Self-help groups or "sobriety clubs" that meet in the cities, towns and villages of Japan have quietly revolutionized alcoholism treatment in that country in the past 14 years, according to Dr. Takeo Fukuda, Director of the Department of Psychiatry at the Matsue Red Cross Hospital in Matsue City, Japan.

The community "sobriety clubs" are patterned after those of Alcoholics Anonymous (AA), yet they remain uniquely Japanese, Fukuda reported at a recent NIAAA research exchange seminar.

Fukuda founded the first club in 1967 in Matsue City, the capital of rural Shimane prefecture, which is one of 47 geographical areas in Japan. Today, 52 community clubs with more than 450 members are operating in the 59 cities of the prefecture. Fukuda estimated that 88 percent of the cities, towns, and villages in the Shimane prefecture have organized their own clubs.

The clubs are an outgrowth of hospital-based sobriety clubs developed in Japan in the 1960s. Unlike AA, sobriety club members make their names, addresses, and occupations known to the outside world. "The general public in Japan does not consider alcoholism a sin," Fukuda said.

Although there is no specific reference to a "higher power," as in AA, the clubs emphasize the need for improvement of the self, he said. The clubs generally are organized with cooperation from the medical profession, and family members are expected to take part in the activities.

This emphasis on community and family involvement is new in Japan, Fukuda said. Prior to World War II, treatment for alcoholism largely was confined to mental hospitals. A temperance society had formed in 1853, and an abstinence movement—inspired by activities in the United States—flourished temporarily but collapsed with Japan's defeat in 1945.

In the 1950s, two sobriety societies were combined to form the All Nippon Sobriety Association (ANSA). In the 1960s, physicians began to actively seek better treatment methods as they became frustrated with the ineffectiveness of drug therapy and patient isolation. Later, they collaborated with patients to form hospital-based sobriety clubs.

According to Fukuda, however, the hospital-based clubs had certain limitations. "If we trusted too much to this method, the patient would rely too much on the doctor and eventually would lose the desire for self-help approaches," he said. "Moreover, there would be strong resistance to attending meetings held in a mental hospital."

Fukuda started the first community-based club with the assistance of staff in three mental hospitals in Matsue City. Since then, the Shimane method of treatment has been adopted by ANSA as its fundamental policy. Today, ANSA is composed of 293 clubs and 42,000 members throughout Japan.

Fukuda studied 110 of his patients for 5 years as part of an effort to evaluate the Shimane approach. Most of the patients were 40 to 49 years old, and 89 percent had a clinical history of previous physical or mental problems. Sixty-three patients lived outside the hospital and came in periodically for treatment; 47 had been hospitalized for 3 months, and all 110 were advised to join sobriety clubs.

Of the 54 who chose to rely solely on medical treatment in the hospital, only 1 remained sober. However, 27 of 56 patients (48.2 percent) who joined the clubs and continued to attend meetings have abstained from drinking for 5 years, Fukuda said.

"I can say that the most effective method of treating and preventing alcoholism is not only to treat the patients within the hospital bounds, but also to attach more importance to the role of community clubs, where they can continue to attend meetings even after their treatment," Fukuda said. "I think one of the reasons for the high success rate is that in Shimane, there are clubs in almost all cities, towns, and villages, and if the members wish, they can attend the meetings almost every night.

"I firmly believe that the prospect of a bright future in the treatment of alcoholics will be obtained from the nationwide development of our Shimane approach," he concluded.

—Nancy Johnson
NIAAA Information and Feature Service

What Was That You Said?

The Parklawn Training Center has expanded its curricula with a new course entitled, "Creative Listening Techniques." The 1-day course, scheduled for March 11, will present ways to improve job performance by listening more effectively. Contact the Center at 443-6790.

WOMEN'S HISTORY WEEK

PHS will celebrate Women's History Week, March 8–12, with the following series of special presentations:

Monday, March 8—"Women and the Supreme Court"
Speaker: Judge Rita Davidson
Court of Appeals of Maryland
Tuesday, March 9—"History of Women, Work, and Family"
Speaker: Dr. Joan Zimmerman
Assistant Professor of History
University of Maryland
Wednesday, March 10—"Women and Children Under Stress Coping with RIF"
Speaker: Dr. S. Peter Kim
Associate Professor of Psychiatry
New York University Medical Center

The March 8 and 9 programs are sponsored by the PHS Equal Employment Opportunity Office (EEO) and Federal Women's Program (FWP). The March 10 program is co-sponsored by the PHS/EEO/FWP, the Parklawn chapter of Federally Employed Women, and the PHS Asian/Pacific American Community.

All three presentations will be held in Conference Rooms D and E from noon to 1:00 p.m. Another presentation (to be announced) will be on the National Institutes of Health campus; transportation from Parklawn will be provided.

Save Energy
Join A Carpool

LET'S POOL
TOGETHER
AMERICA!

Ethel Miller Retires

After more than 30 years of Federal service, Ethel Miller, ADAMHA Office of the Administrator, retired January 29.

Miller was one of the original ADAMHA staffers, having worked in the agency since it was established in 1973. She served as secretary to the Associate Administrator for Extramural Programs until May 1981, when she became secretary to the ADAMHA Executive Officer.

Miller is pictured above with David Kefauver, former Associate Administrator for Extramural Programs, at a February 10 reception given in her honor.

8/4

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Vol. VIII, No. 4, March 11, 1982

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DEPOSIT

Officials Testify On Alcohol, Drug Abuse Prevention Efforts

ACTION will have a lead role in future efforts to enlist and assist volunteer participation in drug abuse prevention, as indicated by the White House Senior Policy Adviser on Drug Abuse in his February 24 testimony before the Senate Subcommittee on Alcoholism and Drug Abuse.

A major focus of ACTION's activity will be involving parent groups at the community level, Dr. Carlton Turner said.

ADAMHA Administrator William Mayer, also testifying at the hearing on Federal alcohol and drug abuse prevention programs, said that "the phenomena of alcohol and drug abuse involve the way we raise our children and communication between parents and kids. Thus, it is in the family and the neighborhood where prevention can take place."

Turner informed the Subcommittee that NIDA and ACTION have a good working relationship, and expressed confidence that the national prevention campaign "will be strengthened by joint efforts of these agencies."

A White House Briefing on Drug Use and the Family, to be sponsored by the ACTION Volunteer Drug Program March 22, was announced at the hearing. Its purpose will be to involve private organizations and businesses in drug abuse prevention activities.

Turner said there is "no quick

See HEARINGS (P. 2, Col. 1)

INSIDE . . .

RESEARCH HORIZONS

Shifting Eyes May Signal Hyperactivity 3

1981 NIDA High School Survey Shows Marijuana Use Down, Amphetamines Up

Daily marijuana use by high school seniors dropped sharply last year, a new NIDA survey has found, and more than one-half of the students now believe that smoking marijuana regularly poses a "great risk" to health.

The survey shows, nevertheless, that 1 in 14 high school seniors still used marijuana on a daily or near-daily basis during 1981.

It also found significant increase in seniors' use of amphetamines and methaqualone, a sedative-hypnotic drug.

Other results from the study indicate that seniors' use of cigarettes, PCP, tranquilizers, and the inhalants amyl and butyl nitrite also decreased in 1981, and that use of alcohol, cocaine, heroin, barbiturates, and LSD leveled off.

These findings are from the latest nationwide survey of more than 17,500 high school seniors conducted for NIDA by the University of Michigan's Institute for Social Research. The 1981 survey is the 7th consecutive annual study funded by NIDA to track drug use

trends among the Nation's youth.

The 1981 decrease in percent of high school seniors smoking marijuana "daily"—defined in the study as 20 or more occasions in the last 30 days—was the third annual reduction in a row, from 11 percent in 1978 to 7 percent last year By contrast, between 1976

See TEENS (P. 2, Col. 1)

NEW LECTURE SERIES

Snyder Tracks Caffeine Action in Brain

Caffeine probably produces its stimulating effects by blocking the action of a naturally occurring brain sedative, suggests a Johns Hopkins University neuroscientist and NIMH grantee.

Dr. Solomon Snyder

Speaking at the first seminar in the Division of Extramural Programs' *Frontiers of Mental Health Research Series* in early February, Dr. Solomon Snyder described mounting evidence that by binding or attaching to the brain's adenosine receptors (tissue sites in the brain), caffeine inhibits the adenosine system which dampens central nervous system activity naturally.

Studies of this mechanism-of-action have become possible only within the past couple of years with the advent of chemical analogues of adenosine, said Snyder.

By radioactively tagging these analogues, Snyder and his colleagues, Drs. John Daly and Fred Bruns, were able to pinpoint sites of the adenosine receptors and measure caffeine's blocking effects.

Their studies indicate that the adenosine neuromodulator system is localized in certain areas of the rat brain—specifically, in the cortex and hippocampus and in the granule cells of the cerebellum, Snyder reported.

Development of the adenosine analogues, which have potent sedative effects, exemplifies how research on neurochemicals and their receptor systems may lead to the creation of new psychoactive drugs with more specific action and fewer side effects, he added.

The second seminar in the series, entitled "What Kind of Research Approach Captures the Essence of Psychotherapy?", will be presented by Dr. Martin Orne, Institute of the Pennsylvania Hospital, University of Pennsylvania, in May.

Further information on the series may be obtained from Dr. Lyle Bivens, Deputy Director, NIMH Division of Extramural Research Programs, at (301) 443-3563.

—Jules Asher, NIMH

NIAAA Will Fund New Center on Elderly and Alcohol

NIAAA is soliciting grant applications for a National Alcohol Research Center to focus on "The Effects of Alcohol on the Elderly."

The newly designated Center is mandated by the Omnibus Budget Reconciliation Act of 1981. The Act stipulates that NIAAA select one applicant institution for funding before October 1, 1982. The deadline for applications is April 1.

A maximum award of $500,000 (depending upon availability of funds) will support the Center's first year of operations. That figure may increase to a legislative maximum of $1.5 million per year in future years.

The grant award was established specifically for research on the elderly "because alcohol problems take a particularly heavy toll on the health, happiness, and well-being of older members of our society," explained NIAAA Acting Director Loran Archer.

The Center's research program

See ELDERLY (P. 2, Col. 3)

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TEENS

from page 1

and 1978, daily use had increased by more than 75 percent.

"We may now be beginning to harvest the fruits of intense public education efforts by NIDA, the States, and local communities which emphasize the adverse health consequences of marijuana use," ADAMHA Administrator William Mayer told the Senate Subcommittee on Alcoholism and Drug Abuse in prepared testimony for a February 24 hearing on Federal prevention programs. (See separate story on this page.)

The continuing drop in daily marijuana use appears attributable both to a substantial and continuing increase in the students' health concerns about regular use of the drug, and a decrease in perceived peer acceptance. The proportion of seniors attributing "great risk" to regular marijuana use rose from 35 to 58 percent in the last 3 years, and three-quarters of all seniors now think their close friends would disapprove of such behavior.

Other annual measures of marijuana use also showed improvement. The proportion of students using marijuana at any level declined from 51 percent in 1979 to 46 percent in 1981. And those who were among the "users" in the 1981 survey reported not getting as "high," or staying "high" as long, as users a few years ago, suggesting overall moderation in the behavior, the survey report indicates.

NIDA Director William Pollin credited broad public education efforts for being the chief contributor as well to the continuing decline in cigarette smoking by high school seniors, which fell from 19.4 percent in 1977 to 13.5 percent in 1981, and to the dramatic drop in PCP use, down by more than 50 percent since 1979.

"PCP has gained a reputation as a particularly dangerous drug through our widespread public education campaigns," Pollin said.

Amyl and butyl nitrites—known on the street as "poppers" or "snappers"—showed a sharp decline in use in the 1981 survey. Since 1979, student use of these inhalants has dropped from 6.5 percent to 3.7 percent.

Only amphetamines showed a statistically significant increase in 1981, according to the study, which was directed by Dr. Lloyd Johnston. This increase is of considerable importance, the report indicates, since amphetamines are the most widely used class of illicit drugs next to marijuana.

One-third of all 1981 seniors indicated having at least tried amphetamines without medical supervision, and one-sixth said they had used them in the past month.

Survey data on methaqualone also continued to show a rise in use, although it was more gradual than before. The use prevalence of this sedative-hypnotic stood at 11 percent in 1981, up from 8 percent in 1978.

"Despite many tangible improvements," Pollin pointed out, "illicit drug use still remains extremely prevalent among American young people of high school age. In the graduating class of 1981, a full two-thirds of the students admitted at least some use of an illicit drug. This is a very high level, both in absolute terms and relative to other countries. In fact, our young people today probably have the highest level of drug use to be found anywhere in the industrialized world."

—*James Helsing, ADAMHA*

HEARINGS

from page 1

and easy solution to drug abuse, which he defined to include alcohol abuse, and that prevention programs should be viewed as a "long-term and dedicated effort."

"This Administration's prevention program will be a broad approach, without time limits, and not just a media campaign," Turner said. "It will promote creative responses on the local level to fit each community's needs, resources, and unique composition. Although our primary efforts will be directed at school-aged children, we expect ancillary efforts to develop which will aim at preventing drug abuse among all Americans."

A federally promoted campaign does not mean a federally run campaign, Turner pointed out. The campaign will rely heavily on the private sector and voluntary efforts by citizens and organized groups.

At another point in his testimony, Turner said, "It is especially important that mass media, the entertainment industry, and the sports establishment take steps to reverse the indifference about drug and alcohol abuse which they, in part, helped to create."

Following Turner at the witness table, the ADAMHA Administrator told the Subcommittee, "We place a high priority on preventing the damage from alcohol and drug problems to the physical and emotional health of our people, and to the economic health of our Nation.

"For the past few years, both NIAAA and NIDA have devoted gradually increasing resources to prevention," his prepared statement said. "Our emphasis... has been on knowledge development through research, demonstration, and evaluation; on State and local capacity building; and on dissemination of information to the field.

"We have consistently believed that the major responsibility for funding and operating prevention programs rests with the States and localities, using both public and private resources," he said.

"Much of our preventive effort has been in funding and evaluation of prevention demonstration programs... (Although) the evidence regarding long-range impact of such education programs is incomplete, NIAAA and NIDA have learned that carefully designed and targeted alcohol and drug education programs can change the attitudes of children, teachers, and parents toward alcohol and drug use, and can show elementary and secondary school teachers how to integrate alcohol and drug education into their curricula.

"We also know such programs can mobilize peer pressure against misuse of alcohol and drugs, and increase knowledge about alcohol and drug effects on the body, lifestyles, and life choices," he stated.

"We now require more controlled investigation, both short term and longitudinal, of the best strategies to show their specific effects on drug and alcohol use."

ELDERLY

from page 1

should be conducted by an interdisciplinary team of biomedical, behavioral, and social science investigators. It must include interrelated studies on problems such as prevalence, diagnosis, treatment, prevention, or consequences of alcoholism, and related health problems among the elderly.

NIAAA expects the Center "to become a significant regional or national research resource" and to provide training opportunities that might stimulate careers in alcoholism research.

Institutions which currently receive grants for the nine existing Alcohol Research Centers may apply for this grant, as may those who already have applied for funds to establish a new Center. However, such institutions should submit a totally new application for the Center for the Elderly to be eligible for maximum funding.

Further information can be obtained from Dr. Albert Pawlowski, Chief, NIAAA National Research Centers Branch, Park Building, Room 1-47, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4223.

Alcohol, Drug Abuse,
and Mental Health Administration
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National Institute on Drug Abuse-William Pollin, M.D., Director
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***ADAMHA News* invites comments and suggestions from its readers. Phone (301) 443-3783 or write to: OCPA, Room 6C-15, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20857.**

films...

Caring for Rape Victims

A new film entitled "Rape: Caring for the Adult Female Victim" is available on a 5-day, free loan basis.

The NIMH National Center for the Prevention and Control of Rape funded the production of this half-hour film to provide an educational tool for hospital, medical, and counseling staff and others who deal with victims of sexual assault.

The movie presents a model supportive environment in which to treat a rape victim, and it outlines procedures for collecting and documenting physical evidence in case the victim decides to seek prosecution.

Since a rape victim is psychologically vulnerable when she comes into the hospital for treatment, her recovery from the rape trauma largely depends upon the people who come in contact with her and respond to her there.

According to the film, the most significant emotional impact of sexual assault usually arises out of the victim's sense of having lost control and safety. To help offset this feeling, caregivers should encourage her to talk about her experiences so that, by acknowledging them, she can begin to cope with the trauma.

The film also touches on pregnancy and/or venereal disease which may result from an assault. It examines a range of treatment alternatives and recommends using written aftercare instructions on medication and their possible side effects, followup treatment, and special facilities for any psychological fallout.

The Rape Center has two other films for loan. They are "Acquaintance Rape Prevention," a series of four short discussion films for teenagers which examines the problem of rape by a relative or friend, and "Rape: Victim or Victor," a rape prevention film appropriate for general audiences.

All three films may be obtained from Modern Talking Picture Service, 5000 Park Street North, St. Petersburg, FL. 60062, (813) 541-6661.

—Myrle Kahn, NIMH

RESEARCH HORIZONS

Hyperactive Eye Movements May Be Diagnostic Measure

An NIMH grantee has discovered significant differences between the eye movements of hyperactive children and those of normal children when they are tracking a moving target.

The differences appear to stem from inattention rather than basic oculomotor difficulties, but they may prove useful for diagnosing attentional deficits.

As part of a larger study of hyperactivity and stimulant medication, Dr. Bernard Cohen, Mount Sinai School of Medicine, New York, used electro-oculography to compare the saccadic eye movements of hyperactive and normal children. "Saccades" are rapid eye movements or flicks that shift the eyes quickly from one fixation point to another, as done when reading. They help ocular pursuit of a moving target by causing the eyes to move forward rapidly and to "catch up" if they lag too far behind.

The children in the study were asked to follow a spot of light which moved back and forth across a screen at varying speeds. As a test of their attention, the light was dimmed intermittently, and the children had to respond to each dimming by pushing a button.

Over three re-tests and in three different groups of children, the hyperactive children consistently made more saccadic eye movements than the normals during ocular pursuit. The differences were greater when the target moved at lower speeds. Hyperactives missed the dimming of the light more often than did normals, but when they did respond, their reaction time was similar.

Other studies indicate that if the children had had a basic problem with the oculomotor system, they would have had more saccades at higher than lower speeds. "The greater differences at lower velocities combined with the larger number of missed responses to dimming of the light indicates that the differences most probably were attention-related," Cohen reports. "When hyperactives were given the attentional task and simultaneously were given stimulant medication, there was no difference between the number of saccades they and the normals made."

Because the tests were extensive and the findings were consistent, Cohen is optimistic about the possibility of using eye movements as a diagnostic measure of attentional difficulties. He also anticipates using them to measure the effectiveness of drug therapy for hyperactives.

"I do not believe that there is a basic motor problem in these children. The major problem is one of attention," Cohen says. "The reproducibility of the findings indicates that this is a robust and stable phenomenon which may be clinically useful in evaluating hyperkinetic children."

—Myrle Kahn, NIMH

Economic Decline Can Stimulate Growth in Alcohol Consumption

In small communities that rely on a single industry for their economic well-being, employee layoffs often bring on increased alcohol consumption, according to a study reported by Dr. Edward Weeks, assistant professor in the School of Community Services and Public Affairs at the University of Oregon.

Weeks, who spoke at a recent NIAAA epidemiology seminar, studied several small Oregon towns in which wood products mills were the major source of employment. He found overall community drinking increased significantly when employees were laid off from their jobs in the mills.

"Other healthier and more diversified communities throughout the country may be experiencing similar effects," Weeks said. "Community economic distress has become a problem of national importance. Plant relocations, business failures, and extended layoffs have become epidemic, not only in economically distressed regions, but also in regions that are economically healthy."

Weeks surmised that layoffs may create new behavior patterns that promote drinking. For example, he said, an idle worker has more free time for drinking and socializing. Some unemployed workers drink more at home, while others frequent taverns with friends more often.

He also noted that economic change causes stress, which, in turn, induces drinking. Previous unemployment studies have indicated that loss of work disrupts family and social relationships and causes anxiety and depression. Sample surveys have documented decreased self-esteem and increased feelings of powerlessness and helplessness among unemployed workers.

Recently, Weeks reported, one study found that changes in the manufacturing work force in New York State resulted in increased State hospital admissions. Another study discovered that economic change is strongly related to stressful life events and mood changes; during an economic decline, the incidence of depression is much higher. "So, from a diverse range of research, there is a lot of evidence to say the economy is a generator of stress," he noted.

The second part of his hypothesis—that stress induces increased drinking—generally is accepted as true, but it has received less empirical support.

Some research indicates that people who believe that drinking relieves stress are motivated to drink, while those who don't share that view don't drink. One field survey found that personal life or job stress is most likely to result in increased and more problemmatic

See ECONOMY (P. 4, Col. 1)

ECONOMY

from page 3

alcohol use. Another showed that some people tend to use alcohol as a temporary escape from unpleasant stress.

Weeks said that such studies have been hampered by uncertainty as to whether stress leads to increased consumption or vice versa. In addition, the surveys rely on self-reported data, but many people will not admit to drinking large amounts, while others experience "cognitive dissonance"—they unconsciously recall their drinking in a way that is most comfortable so as to reduce anxiety. In some cases, he noted, the increased drinking is only a temporary effect.

The current study provides less biased data by measuring alcohol consumption strictly on the basis of sales. In Oregon, all distilled spirits are sold through liquor stores that must report their sales. At the same time, the small Oregon towns are relatively isolated. Thus, the effects of a mill shutdown are readily apparent and unlikely to be affected by outside factors.

—Nancy Johnson
NIAAA Information and Feature Service

ADAMHA People in Action . . .

At the opening session of a Montgomery County MH Association meeting were (left to right): James Stockdill, NIMH; Carolyn Neal, representing Representative Michael Barnes of Maryland; and Vicki Levin, NIMH.

A letter-writing campaign launched by a county mental health association involving several ADAMHA staffers elicited more than 400 letters from Maryland citizens—and was followed by an increase in the State's budget for mental health services.

One month after the campaign started, Governor Harold Hughes announced that Maryland's FY 1983 budget for the mentally ill, mentally retarded, and developmentally disabled has been increased by $2.5 million. Of that amount, $700,000 has been earmarked for the mentally ill to "enhance and increase the capacity" of the State's 22 community-based psychosocial rehabilitation programs.

The campaign was one in a series of actions devised at a meeting last fall of the Montgomery County Mental Health Association. The meeting was cosponsored by 18 organizations concerned about mental health issues to serve as a first step in establishing a county-wide coalition.

One of the coalition's priorities is strengthening citizen response to State and county legislation affecting mental health services—for example, the reallocation of funds from State hospitals to community programs.

At present, it is constructing local "telephone trees," or grassroots information networks, so that members can alert one another and speak out at once on impending legislative action.

The ADAMHA staffers who have been participating in Association activities include: Vicki Levin, NIMH Mental Health Study Center (who chaired the fall meeting); James Stockdill, NIMH Division of Mental Health Services (who spoke at the meeting); and Sidney Wolverton, ADAMHA Office of Prevention, and Walter Coleman, NIMH Office of Program Development and Analysis (both past presidents of the Association).

Parklawn Classic

The 7th annual Parklawn 5-Mile Classic will go off at noon on Friday, April 30. Entries are limited to 180, and forms are available at the R & W Association Store, Room 5-09. Volunteers are needed to help out on race day; please sign up at the R & W Store.

Sports Legend Visits St. E's for Black History Month

Saint Elizabeths Hospital joined the rest of the Public Health Service in observing February as Black History Month with a series of guest speakers and cultural programs.

The first observance was held February 8 in conjunction with Blacks in Government, Inc., when *Washington Post* columnist Dorothy Gilliam delivered an address in the Hospital's auditorium on "Looking Back With Pride—Moving Ahead With Confidence."

Later that week, the Hospital presented a salute to the black artists of the Saint Elizabeths community and a 2-hour "Gospel in Song" program.

The high point of the month for the Hospital's Area D Youth Center was a guest appearance by Wes Unseld, former Washington Bullets basketball star. Unseld, who was invited by the patients themselves for their Black History Extravaganza, recounted his experiences in a talk to the young people on achievement through hard work and perseverance.

BE PROUD OF BL
STORY MONTH

Wes Unseld

PHS held three observances in the Parklawn Building on the theme "Afro-American History: Blueprint for Survival."

The first program, held February 9, spotlighted the heritage and future prospects of historically black colleges and universities throughout the United States.

Dr. C. Everett Koop, U.S. Surgeon General, relayed President Reagan's message on Black History Month, stating "I come here today in the spirit of celebrating *our* history. . . . . The black past is part of *my* past."

The second observance, entitled "Traveling Through Afro-American History," was a showcase for Afro-American art and literature.

The third observance featured remarks from S. Allen Counter and David Evans, who co-authored a book on *The African Bush People of Surinam*, described by *Roots* author Alex Haley as a "chronicle of the last days of the purity of what has been for 3 centuries one of the world's most unusual cultural enclaves."

The PHS programs were cosponsored by the Parklawn Chapter of Blacks in Government, Inc., and the PHS Office of Equal Employment Opportunity.

8/5

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Vol. VIII, No. 5, March 25, 1982

Ebert is New NIMH Clinical Director

Dr. Michael Ebert

The appointment of Dr. Michael Ebert as Clinical Director for the NIMH Intramural Research Programs (IRP) was announced recently by Dr. Frederick Goodwin, IRP Director.

Ebert has been acting in this capacity since the retirement of Dr. Robert Cohen last December.

As Clinical Director, Ebert will serve on the Medical Board that administers the NIH Clinical Center where volunteer patients participating in NIMH and NIH research programs receive free care.

His responsibilities will include reviewing clinical research protocols and staff credentials and performance, and monitoring patient care.

He also will act as liaison between the Clinical Center and the NIMH Scientific Director, advising and consulting on matters of clinical and scientific concern. At the request of the Director and as the In-

See EBERT (P. 3, Col. 2)

INSIDE . . .

RESEARCH HORIZONS

How Brain Disorders Affect Movement 3

Football Coach: Booze Isn't 'Gusto' 4

SCIENTIFIC COOPERATION

U.S., Mexico Sign Alcohol Research Pact

Mexico and the United States have entered into a bilateral agreement for scientific cooperation to combat alcohol abuse problems in the two countries.

The agreement was signed at an ali-day meeting at the NIH Fogarty International Center March 11 by ADAMHA Administrator William Mayer for the United States and Ramon de la Fuenta, Director General of the Mexican Institute of Psychiatry (MIP) for Mexico.

The two countries will exchange information, scientists, and technicians, and will undertake collaborative pilot projects.

At the meeting, Mexican and U.S. health officials explored specific areas for collaboration, such as biomedical, treatment, and prevention research, psychosocial and crosscultural research, epidemiological surveys, and training and education.

See MEXICO (P. 2, Col. 1)

Loran Archer, Ramon de la Fuenta, and William Mayer

Parents Will Meet In Georgia To Fight Kids' Drug Abuse

A "National Parent Conference on Drugs and Youth" will take place April 1-3 at Georgia State University, Atlanta, under the sponsorship of PRIDE (Parent Resources and Information on Drug Education).

NIDA is cosponsoring the conference, along with the American Council on Marijuana, ACTION, and the Junior League of Atlanta. Dr. Wililam Pollin, NIDA Director, will participate as one of more than 35 nationally prominent speakers and workshop leaders.

Atlanta Mayor Andrew Young, former U.N. ambassador, will open the conference. Dr. Keith Schuchard, PRIDE cofounder and author of the NIDA publication "Parents, Peers, and Pot," will deliver a keynote address on "The Future Productivity of American Youth."

Other speakers will include Dr. Carlton Turner, White House

See PARENTS (P. 2, Col. 1)

Intensive MH Therapy Returns Most Chronic Patients to Community Life

Chronic mental patients who were considered too ill for rehabilitation have achieved remarkable success in returning to community life, thanks to a new treatment approach called "social learning."

The new approach developed by Dr. Gordon Paul has shown an astounding recovery rate: 36 out of 40 treated patients were released to room-and-board homes, and 3 others became self-supporting and independent.

Furthermore, 97 percent of the patients remained in the community 1½ years after release. Some had lived in the community for at least 2 years, and some for more than 5 years.

As described in a recent NIMH Science Report, *Treating and Assessing the Chronically Mentally Ill,* the approach combines two major features: an intensive and comprehensive treatment program based upon social-learning principles which teach patients how to behave in acceptable ways; and a meticulous system for tracking both patient and staff behavior in order to document change and guide treatment strategies.

Paul, an NIMH grantee from the University of Houston, emphasizes that the treatment approach is not a quick fix or a "breakthrough." In fact, he says, social learning is painstaking and time-consuming, sometimes spanning years before patients are ready for community life.

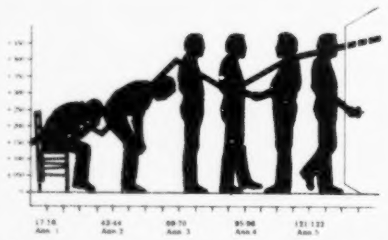
Paul began to formulate the new approach while working as a consultant in Illinois public mental institutions. The clinical psychologist was motivated by the discovery that the likelihood of chronic patients achieving hospital release and community stay had remained almost constant in this century: a sorry 6 percent.

In 1968, he received a grant from NIMH to compare the effect

See CHRONIC (P. 2, Col. 2)

Science Reports National Institute of Mental Health

TREATING
and ASSESSING
the CHRONICALLY
MENTALLY ILL



HE 20. 8013:

MEXICO

from page 1

The two countries agreed to establish a joint steering committee to meet alternately in Mexico and the U.S. to review the status of cooperative activities, exchange information on policies regarding alcohol programs, and provide consultation to the two governments on implementing the agreement.

Scientists from both countries described special projects involving epidemiological studies at the signing session. Dr. Carlos Campillo-Serrano of Mexico made a strong case for continuing and expanding some existing international projects for data collection and analysis.

De la Fuente expressed interest in expanding his country's alcohol information base through close liaison with U.S. data collection and dissemination sources. He suggested that MIP could act as a channel of information to other Latin American countries.

He also noted his personal interest in exploring links between depression and alcoholism, and the effects of alcohol on malnourished populations.

During discussions among the officials, several differences in customs and laws between the U.S. and Mexico were noted. For example, children can purchase alcoholic beverages in Mexico, although those under 18 may not be served alcoholic drinks in a bar or restaurant. In another contrast, it is common for "home brew" to be produced in Mexico, accounting for up to 50 percent of total alcohol consumed in many areas.

Dr. Gian Salmoiraghi, NIAAA Associate Director for Research, stressed the value of personal contact between scientists from Mexico and the U.S. He outlined the network of Alcohol Research Centers and suggested that close ties between researchers at the Centers and visiting Mexican scientists and technicians could result in much productive research.

CHRONIC

from page 1

of three types of treatment programs on chronic mental patients: social-learning therapy, milieu therapy, and traditional hospital treatment.

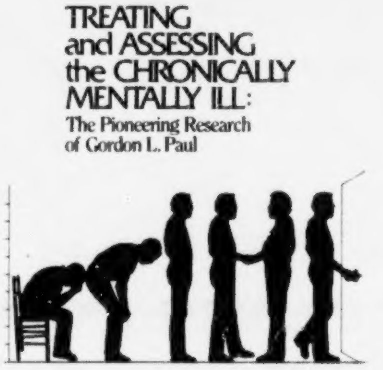
His study group included the most severely disturbed patients, many of whom had spent an average of two-thirds of their adult lives in institutions. Roughly one-half were incontinent, and the other half exhibited such blatantly bizarre behavior that they had been rejected for community placement because they frightened people.

Paul became convinced early on that such behavior deficits could be overcome only through an intense program that dominated 85 percent of the patients' waking hours. Thus, patients spent nearly all of their time in classes, group meetings, and individual sessions.

Throughout the day, they learned to take care of themselves and to get along with others. They were taught physical exercise, arts and crafts, homemaking and grooming, arithmetic, reading, and writing. As they progressed, they became increasingly exposed to the outside world.

The social-learning program incorporated the use of tokens to reward and reinforce good behavior. All material goods, services, and privileges were purchased by patients with colored strips of plastic, which they earned for appropriate behavior or lost for inappropriate behavior.

"Sometimes it would take months to establish the value of tokens. We would have to pair food with the token repeatedly before the token would even have value," said Paul. Over a period of time, tokens became less crucial as patients took greater satisfaction in their growing responsibilities and privileges.



Along with the treatment program, an equally important aspect of Paul's research was an assessment system to document and monitor patients' behavior. This is a necessary tool for rehabilitation because, says Paul, "It tells you in great detail what the staff are doing, what patients are doing, and what the staff are doing with the patients."

Dr. John Docherty, Chief, Special Studies Section, NIMH Psychosocial Treatments Research Branch, has used Paul's assessment techniques in treating chronic schizophrenics, and finds that "these assessment techniques are so finely tuned that they permit measurement of behaviors in chronically mentally ill patients not possible with other techniques, which were too broad and unfocused."

The comparative study lasted 5 years, including 3 years of treatment and assessment, and 2 years of aftercare for released patients. The results from the three programs were:

Social learning:
39 of 40 patients-released
(3 to independent living)

Milieu therapy:
22 of 31 patients released
(2 to independent living)

Traditional hospital:
13 to 29 patients released
(none to independent living)

Paul is especially encouraged by a substantial reduction in the use of therapeutic drugs. Nearly 85 percent of the patients in the first two programs were not receiving drugs when treatment ended.

The two programs also made more effective use of staff than the traditional hospital program did, because they relied on high school equivalent, aide-level "change agents" trained to administer almost all treatment. Consequently, social learning was more than 3 times and milieu therapy more than twice as cost-effective as the traditional hospital program.

The following case history exemplifies the research findings:

Thelma, a 42-year-old single woman, had lived continuously in mental institutions for more than one-half of her adult life. She was badly groomed and regularly displayed a variety of intermittent "crazy" mannerisms. Hospital staff characterized her behavior with others as "nagging, tattling, complaining, and lying," and noted her marked stammering and facial grimaces.

Thelma's response to treatment was remarkable. Eleven weeks after the program began, she was performing well in all areas of functioning, including interpersonal skills. She was released within 30 weeks having "dramatically improved from the obnoxious patient who had entered the program to a pleasant woman with socially appropriate behavior."

Following her release, Thelma found employment and living

See CHRONIC (P. 3, Col. 1)

PARENTS

from page 1

Senior Policy Adviser on Drug Abuse, who will report on the White House's involvement in this area; Dr. Gabriel Nahas, Columbia University Medical School, who will explore the history of drug abuse; and former U.S. Attorney General Griffin Bell, who will present recommendations of the National Crime Commission.

Presentations will range from "Effects of Drugs on Brain Pleasure Centers" to "Drug Use in Business and Industry."

To complement the Parent Conference, PRIDE also is holding a National Youth Conference on the same dates and premises. According to Helen Moore, PRIDE's Associate Director, "The Youth Conference is blossoming into a conference all its own, with young people coming from across the country to participate in their own program."

For more information on the conference, call PRIDE at (404) 658-2548.

**Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D.
Administrator**

adamha news

**National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director**

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Dental Students Learn to Recognize Alcohol Problems

Dental students are participating for the first time in the NIDA-NIAAA Career Teacher Training Program for health practitioners.

A pilot program at the University of Maryland Dental School has joined the ranks of Institute-funded training programs at 63 medical schools (including osteopathy schools) and 1 school of public health. The new program will familiarize nearly 600 prospective dentists with symptoms and handling of alcohol problems in their patients.

Students in the program learn methods of informal questioning to determine whether (and how much) their patients are drinking. They also are taught to refer alcohol-abusing patients to treatment centers.

According to Dr. Mark Arthur, coordinator of the dental pilot program, the students have responded with great enthusiasm, taking advantage of what they see as "a chance to practice comprehensive, holistic dental medicine."

The Career Teacher Training Program was established in 1972 by NIDA and NIAAA for a twofold purpose: to create a standard drug and alcohol curriculum in medical schools, and to develop a cadre of medical educators trained to teach the curriculum.

NCA Forum

ADAMHA officials will participate in the 1982 National Alcoholism Forum, the annual conference of the National Council on Alcoholism (NCA), on April 2–5 in Washington, D.C.

The conference theme is "Spotlight on the Community," with a focus on innovative programs and research at the community level. Special sessions will be offered on alcohol and traffic safety and on employee alcoholism programs.

For further information, contact NCA at (212) 986-4433.

CHRONIC

from page 2

quarters, made friends on her own, and became exceptionally active socially. By the time the project ended, she had supported herself for more than 5 years and showed no indication of any need for reinstitutionalization in the future.

—Judy Folkenberg, NIMH

RESEARCH HORIZONS

NIMH Basic Studies of Brain Function Lead To New Tests on Parkinsonism

Because Dr. Jerome Sanes and Dr. Edward Evarts of the NIMH Laboratory of Neurophysiology have been studying the brain mechanisms that underlie movement, they have designed tests that also can evaluate symptom severity and treatment effectiveness in patients with Parkinson's disease.

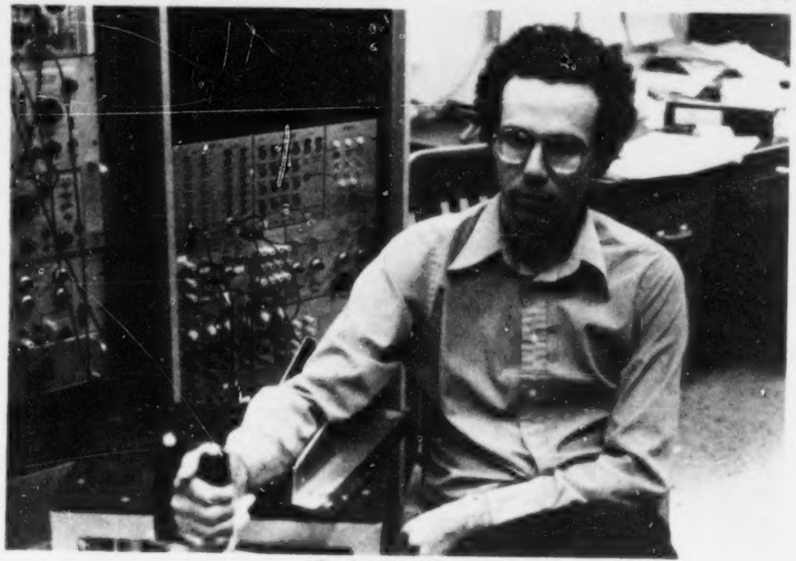
"Our contribution to the development of the tests illustrates how basic research can be applied to the clinical arena, particularly when opportunity for collaboration is present, as it is on the NIH campus," observed Sanes.

Working with Dr. Donald Calne, former Clinical Director of the National Institute of Neurological and Communicative Disorders and Stroke who now is with the University of British Columbia, and with Dr. Theodore Colburn, Chief, NIMH Research Services Branch, the investigators designed tests described by Sanes as "simple, objective, and reliable."

"The tests require only about 15 minutes to complete, and they provide information that is stored immediately on computer media for comparison with future tests. This provides quantifiable and easily accessible evidence of the patient's progress and response to medication," he said.

The tests focus on the "hallmarks" of the disorder—slowed movements, sudden inability to move (freezing), and tremor, the psychologist continued.

"For example, we measure the time it takes for a patient to walk a finite distance, as well as the length of each step. We look at whether there is freezing, and we look at the progression of walking, that is, whether patients tend to start slowly and finish quickly.



Dr. Jerome Sanes

"We evaluate involuntary movements that may distinguish Parkinsonian tremor from other types of involuntary movements, either tremulous movements characteristic of other neurological disorders, or the dyskinetic movements that sometimes are an unwanted side effect from anti-Parkinsonian medication," Sanes reported.

Because some Parkinsonian patients also have difficulty processing sensory information needed for accurate movement, Sanes and his colleagues employ a test that requires patients to move an object between two targets, such as a pencil between two points.

"We examine the accuracy of movement in relation to the distance between the targets or to the size of the targets," he noted. "Based on past studies, we expect that as the distance between targets increases or the targets grow smaller, accuracy of movement in Parkinsonian patients will be more disturbed than that of normal individuals."

In previous tests done by other researchers which involved tracking a target that first moved up and down on a video screen and then disappeared, normal subjects tended to reproduce the up-and-down pattern accurately for a substantial period of time, Sanes reported. In contrast, Parkinsonian patients failed to reproduce the pattern when the visual cue disappeared. Instead, they stopped moving or needlessly kept moving up or down.

"The point is," he said, "that the brain mechanisms which integrate sensory input with motor output appear to be disrupted in these patients."

Difficulties with information-processing also may be indicated by the patient's poor performance of small movements but relatively

See BRAIN (P. 4, Col. 1)

EBERT

from page 1

stitute's Chief Physician, he will represent IRP at public and other governmental functions.

In addition, Ebert will maintain his role as Chief, Section on Experimental Therapeutics, Laboratory of Clinical Science (LCS), and he will continue his research on the neurobiology of psychosomatic disorders, such as anorexia nervosa. He also is studying neuropsychiatric syndromes, such as Korsakoff's psychosis, and is involved in developing new techniques for investigating brain metabolism of neurotransmitters in humans.

Ebert joined NIMH in 1971 as an LCS Staff Associate, and in 1973 established an LCS Unit on Clinical Pharmacology. In 1974, he became Acting Chief of the Section on Experimental Therapeutics, and was named Chief in 1976.

With a longstanding interest in medical education, he also has served as an assistant clinical professor, Department of Psychiatry, Case-Western Research University of Medicine, and more recently, as associate clinical professor, Department of Psychiatry, Uniformed Services University of Health Sciences.

He developed and still coordinates the Clinical Center Elective in Psychopharmacology, an accredited program which attracts students from medical schools around the country.

Ebert received his M.D. from Case-Western Reserve and did his psychiatric residency at Harvard Medical School, the Massachusetts Mental Health Center, and Massachusetts General Hospital.

BRAIN

from page 3

normal performance of large movements, Sanes noted.

"From studies with normal individuals, we know that the accuracy of large movements is not impaired by momentary obstruction, whereas transient disturbances or obstructions greatly affect accuracy of small movements," he said. "We believe that this effect on small movements has to do with the stretch reflex which is activated when resistance is encountered."

Sanes explained that, when subjects are asked to produce small amounts of muscle activity, and then the stretch reflex is triggered, the total amount of muscle activity increases greatly; this is due to a summation of the voluntary and reflex actions, with the stretch reflex probably contributing most of the total activity.

In contrast, he pointed out, when an individual is asked to generate a great amount of muscle activity, the activity added by the stretch reflex has relatively little impact on the total amount of muscle activity.

"The dysfunction in sensory-motor processing in Parkinsonian patients may, in part, result in an inadequate response to environmental perturbations that would impair precision of small movement," Sanes hypothesized.

"Since it is not possible to study cortical cell activity in humans directly, except in association with therapeutic neurosurgical procedures, we must make indirect inferences about what is happening in the brain by observing responses to stimuli. Our studies of patients with neurological disorders can give us a window on brain function.

"When a part of the brain is malfunctioning because of a disorder such as Parkinson's disease," he concluded, "we can make inferences about how that part of the brain works by observing its impact on behavior."

—Marilyn Sargent, NIMH

new publications

Available from the National Clearinghouse for Alcohol Information, 1776 East Jefferson Drive, Rockville, MD 20852, (301) 468-2600 (single copies only):

- On the Sidelines: An Adult Leader Guide For Youth Alcohol Programs. DHHS Publication No. (ADM) 81–1131. (36 pp.) This booklet contains ideas, suggestions, and education concepts from many youth leaders across the country. It was developed to help adults stimulate and support lively alcohol abuse prevention projects carried out by youth, for youth, on issues that interest and affect them.

Dallas Coach Helps Kick Off Texas NIAAA Prevention Campaign

Coach Tom Landry of the Dallas Cowboys football team said he would like to counteract the effect of alcohol advertising which implies an association between drinking and athletics.

Tom Landry

"They do glamorize it [by implying that] you're not living with gusto and all the rest unless you have a beer," Landry said.

The coach of two world champion football teams spoke at the February 17 kickoff of a statewide youth alcohol abuse prevention effort by the Texas Commission on Alcoholism. The campaign is part of NIAAA's 1982 Alcohol Abuse Prevention Campaign.

Landry noted that "the number one drug of choice and abuse among our children today is not rolled in a paper, nor bought in an alley, but often is found in the ice box or kitchen cabinet—that drug is alcohol."

At the kickoff ceremony, the Commission released the following figures: last year, 18,122 Texans aged 17 and under were arrested for alcohol-related offenses. Of those, 1,697 were arrested for drunk-driving, 4,623 for liquor law violations, and 11,802 for drunkenness. Six of the drunk-driving arrests were of children under age 10, as were five of the liquor law violation arrests and 41 of the drunkenness arrests.

The 1982 Alcohol Abuse Prevention Campaign, sponsored by the NIAAA Division of Prevention, combines a mass media strategy with a local prevention strategy to reach three target audiences: youth, adult women, and pregnant women. All 50 States and more than 30 national organizations have been closely involved with the Campaign since its inception.

Creative Exercise Class

Ready for swimsuit weather?

Creative Exercise classes will be offered in the evenings and at lunchtimes starting April 12. The classes will meet twice a week for 6 weeks; cost is $25.00. The exercise routines, performed on contemporary music under the direction of Helen O'Brien, are designed to move and stretch the total body. For further information, call Lafayette Merchant, Parklawn training Center, 443-6790.

RIF UPDATE:

New Outplacement Program Services Downgrade Workers

If you are an ADAMHA employee who was downgraded either during the recent reduction-in-force or the Three-Year Position Classification Review, you already have been registered in the ADAMHA Retained Grade Outplacement Program, and you will receive automatic consideration under the Merit Promotion Program.

Each time a vacancy is announced in the agency, the Division of Personnel Management (DPM) will automatically consider qualified "retained-grade" (downgraded) employees. You will be considered for positions at your retained grade level or at an intervening grade with potential for promotion to your retained grade.

However, you will not be automatically considered for positions with promotion potential beyond your retained grade. (Employees can, of course, voluntarily apply for any position in which they are interested.)

If you are eligible for the position, you will be rated and ranked (in most cases, by a Qualifications Review Board) along with other applicants. If rated as best qualified, you will be referred to the selecting official on a Promotion Certificate.

Supervisors must select from retained-grade employees in preference to other candidates referred as best qualified.

If you do not accept a job offer at your retained grade, you will forfeit your grade and pay retention rights. If you do not accept an intervening grade, you will not forfeit your retention rights. If you accept an intervening grade, you still will receive automatic consideration for future openings at your retained grade.

In addition, supervisors may select and repromote a retained-grade employee as an exception to Merit Promotion procedures. Failure to accept such an offer will not terminate retention rights.

Full-time employees will be considered for full-time vacancies, and likewise, part-time employees for part-time vacancies.

Since qualification ratings will be based on an individual's latest SF–171 (Personnel Qualifications Statement), downgraded employees are urged to submit updated SF–171's to DPM to be kept on file. Applications should be forwarded in triplicate to the Retained Grade Placement Coordinator, Room 15C–24, Parklawn Building.

FACING A CRISIS?

Employee Assistance

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8/6

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute on Alcohol Abuse and Alcoholism
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adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Vol. VIII, No. 6, April 9, 1982

First Lady Hosts White House Meeting On Drug Abuse Among Nation's Youth

Left to right: First Lady Nancy Reagan; Thomas Pauken; Dr. William Mayer; H. Ross Perot; Dr. Carlton Turner.

Dr. William Mayer, ADAMHA Administrator, told a recent White House meeting on drug use and the family that probiems of substance abuse are far more grave and far-reaching, and farther from solution, than "we had any reason to believe only a few years ago."

The meeting was hosted by First Lady Nancy Reagan, who pledged White House commitment to the drive against drug abuse.

"I intend to keep a spotlight on this as long as I am here," she said as an audience of more than 100 corporate, civic, service, religious, and sports leaders gathered at the White House to discuss ways the private sector can help eradicate drug abuse and its effects on society.

Mrs. Reagan, who opened the briefing, told the group: "I wanted to reach you personally and, in my own way, convey the peril of drug abuse among the young. Over the past year . . . I've become increasingly disturbed by America's drug epidemic and its effect on young people. I've talked with experts, as well as parents, and of course the young people themselves. And you know what I learned above everything else, I learned that I'm scared to death for our children.

"I don't think in my life have I felt as compelled to do something about an issue as I feel about drug abuse," she went on. "Drugs ruin lives before they even have a chance to develop. They compound the damage by destroying family ties that offer the best

See DRUGS (P. 3, Col. 1)

ADAMHA/WHO PROJECT

Global Forum Examines ADM Diagnoses

An International Conference on Classification of Mental Disorders and Alcohol- and Drug-Related Problems will be jointly sponsored by ADAMHA and the World Health Organization (WHO) April 13–17 in Copenhagen, Denmark.

The landmark conference will be the culmination of a 2-year ADAMHA/WHO collaboration to improve existing methods of classifying ADM disorders.

Two diagnostic classification systems are used throughout the world: the WHO *International Classification of Diseases* (ICD) and the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM).

Until recently, the two systems were identical and could be used interchangeably. However, the latest revision of the DSM, or the DSM-III, departs from past standard classification. It employs operational definitions for a large number of disorders, with explicit criteria for what does and does not constitute the disorder. It also discards the practice of implying a cause when the cause of a disorder is unknown.

The innovations have created a significant discrepancy between the ICD system (which the United States is required by treaty to use) and the DSM. The ADAMHA/WHO project has sought to alleviate this, as Dr. Robert Hirschfeld, principal staff collaborator, explained, "by using empirical research rather than authority or compromise to resolve disputes about diagnostic categories."

"This is an attempt to get re-

See GLOBAL (P. 2, Col. 1)

RESEARCH HORIZONS

DNA Technology Aids NIMH Depression Studies

Families in which a psychiatric disorder appears generation after generation give credence to the theory that vulnerability to such disorders is inherited, but researchers have been unable to identify the genetic mechanisms by which they are transmitted.

The search for genetic markers—inherited characteristics that might be linked to a gene for mental disorder—is challenging and complex. At the NIMH Intramural Research Program, two promising technologies have been employed in the search.

Dr. Elliot Gershon, Chief, Section on Psychogenetics, reports that his program is capitalizing on advances in recombinant DNA and tissue culture technology. These may help determine what is different about the genes of mental patients and their relatives with the same illness that makes them vulnerable to manic-depressive disorders.

The use of recombinant DNA technology represents the newest and most revolutionary approach to the neuroscientific study of genetics, said Gershon.

"The beauty of DNA technology is the relative ease and speed with which it provides the abundance of genes required for research, as contrasted with the difficulties of extracting and studying miniscule amounts of chemical substances found in the blood," he noted.

Dr. Prabhakara Choudary, who set up the NIMH DNA laboratory last November, will be examining actual genes for substances of psychobiologic interest. His first studies will center on a large protein labeled pro-opiomelanocortin.

Pro-opiomelanocortin is the precursor for beta endorphins and ACTH, substances which influence brain biochemistry and appear to be disordered in many manic-depressives. Beta endorphins bind to opiate receptors, and a dysfunction in the opiate system is signaled by decreased sensitivity to pain in many patients as compared with normal subjects. Disordered regulation of ACTH has been identified in a substantial number of manic-depressive patients by the widely-used dexamethasone suppression test.

Choudary, a microbiologist who is applying his DNA expertise to

See DNA (P. 2, Col. 2)

HE 20. 8013:

GLOBAL

from page 1

searchers and clinicians talking to each other on an international scale," said Dr. Berkley Hathorne, ADAMHA International Activities Officer. "We want to make clinicians aware of major research discoveries over the past decade that apply to diagnosis.

"We also hope to have some [research] influence on future editions of ICD," he continued. The ICD system is revised every 5 years. The next revision, ICD-10, will be completed in 1985 and published shortly afterward.

NIMH Director Herbert Pardes will represent ADAMHA at the Copenhagen conference, along with Hirschfeld, who is Chief, NIMH Center for Studies of Affective Disorders, and other staff.

Most major European and Third World nations, including Russia and China, are sending representatives. Eight different workshops throughout the conference will develop research strategies to answer specific classification questions in such areas as personality, childhood and aging, epidemiology, and alcohol and drug abuse.

Conference proceedings will feature detailed recommendations for research strategies to aid classification of ADM disorders. According to Administrator William Mayer, these recommendations "will have a major impact on ADAMHA research policy."

DNA

from page 1

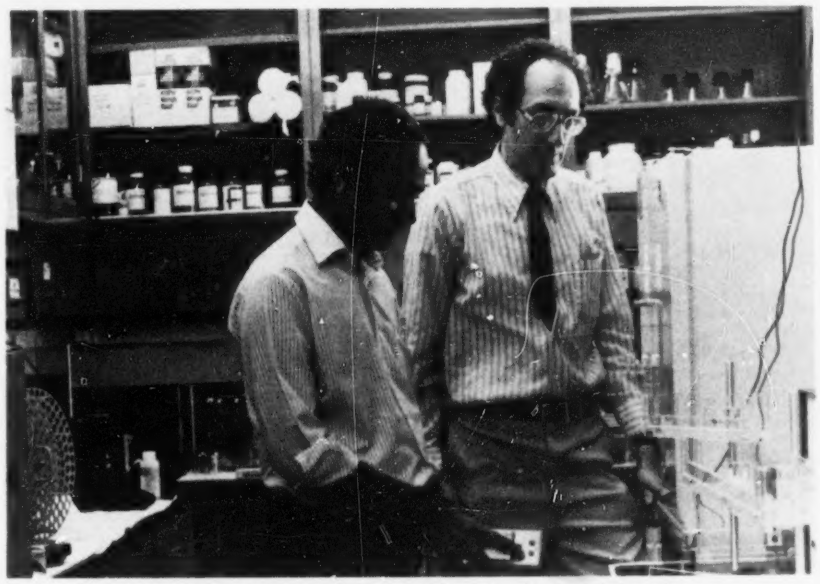
the neurosciences for the first time, noted that although the proopiomelanocortin gene has been isolated, virtually nothing is known about its role in mental illness. "The illness may be a function of gene structure or a gene product related to a neurotransmitter or receptor," he pointed out.

He intends to examine the proopiomelanocortin gene in manic-depressive patients; if abnormalities are found, he will test to see if these differences appear as well in the genes of relatives who also are ill, which Gershon believes is the true test of a genetic mechanism.

The other new direction in the research program is taking place in a tissue culture laboratory established in September 1980.

Dr. Suzan Nadi, who heads the lab, is collecting skin and blood cells from patients, their ill relatives, and normal volunteers. "Because fibroblasts (skin cells) can be grown for many generations, we will have a continuing source of living cells, not only for current but also for future studies, when we may have more insights into brain functions and may be able to do experiments we cannot foresee today," Nadi pointed out.

She is testing fibroblasts to see if their surfaces contain receptors for many neurotransmitters found in both human and animal brain. Screenings of numerous peptides and nonpeptides have proven mostly negative. The discovery of beta receptors by another laboratory has been replicated, but the most exciting find has been the discovery of muscarinic cholinergic receptors similar to those found in the brain and not previously known to exist in the fibroblast. Past pharmacological studies suggest that muscarinic cholinergic receptors are overactive in depression, Gershon noted.



Dr. Elliot Gershon (r.) with Dr. Prabhakara Choudary in their laboratory.

"Blood cell (platelet) studies, carried out under the supervision of Dr. Wade Berrettini, also involve receptor research," said Gershon. "Berrettini is looking at platelet receptors for vasopressin, a peptide produced in the brain that modulates messages between brain cells. Vasopressin analogs have been found useful in treating manic-depressive patients unresponsive to lithium."

The cells of normal individuals and those of manic-depressive patients are being compared to see if the receptors are different in any way. "If differences are found, we will check to see if they also appear in the cells of ill relatives, in which case they may be a genetic marker for the illness," said Gershon.

Scientists have tried many approaches in their search for genetic markers for depression. "We've done mathematical analyses of families in which the illness has occurred through several generations. We've looked at possible linkages with chromosomal markers such as color-blindness and HLA (human leukocyte antigen)," he reported, "and we've studied the genetics of various enzymes involved in catecholamine metabolism which appear to be related to mood disorder.

"Now, we are at the point where we can take advantage of these newly available technologies."

Finding a genetic marker or the gene itself would help identify people at risk and possibly lead to early interventions, reducing both individual and family suffering, Gershon stated.

—Marilyn Sargent, NIMH

new publications

Available from NIMH Public Inquiries, Rm. 11A-21, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-4536 (single copies only):

• *Plain Talk About Mutual Help Groups: People Who Know Just How You Feel.* Fact sheet on mutual help groups, their purpose, how they operate, why they are needed. Includes a useful listing of various groups and addresses of their central offices. DHHS Publication No. (ADM) 81- 1138.

• *Computers in Mental Health: A Review and Annotated Bibliography.* Latest of Mental Health Service System Reports, Series FN: Information Systems. This is Series FN No. 7, compiled by the Missouri Institute of Psychiatry, University of Missouri School of Medicine, under a grant from the National Center for Health Services Research, OASH. DHHS Publication No. (ADM) 81–1090.

• *Science Reports: Biofeedback—Issues in Treatment Assessment.* Comprehensive review of the past, present and future of biofeedback, with emphasis on assessing biofeedback as a treatment and evaluating specific applications of this brain activity methodology. DHHS Publication No. (ADM) 81–1032.

adamha news

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D.
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***ADAMHA News* invites comments and suggestions from its readers. Phone (301) 443-3783 or write to: OCPA, Room 6C-15, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20857.**

THE STAFF COLLEGE

Mental Health in China

A recent mental health delegation of Americans to China will offer their impressions of the Chinese mental health system at an April 19 NIMH Staff College symposium on "Mental Health in China."

Speakers will include Dr. Herbert Pardes, NIMH Director; Dr. Thomas Bryant, Chairman of the Public Committee on Mental Health; and Jennifer Jones Simon, Chairman of the Jennifer Jones Simon Foundation, which sponsored the delegation.

Dr. Mingdao Dzhang of the Shanghai Institute of Mental Health also will address the symposium. Dzhang, currently a Visiting Fellow in the NIMH Clinical Psychobiology Branch, will discuss the use of medications in Chinese psychiatry.

The symposium will take place 1:30–4:30 p.m. at NIH, Building 31, Conference Room 6. For information on registration, contact the Staff College at (301) 443-3185.

RESEARCH ON ANXIETIES

Fear Subsides After Prolonged Exposure To Its Source

Left to right: Dr. Steven Goldston, NIMH Office of Prevention; Dr. Larry Silver, NIMH Deputy Director; Dr. Isaac Marks; Dr. Walter Reich, NIMH Staff College.

Persons who fear snakes often can overcome that fear by sitting in a small room with a caged snake—a form of behavior therapy known as "exposure therapy."

Dr. Isaac Marks, a leading authority on anxiety disorders (a broad category of illness that includes obsessive-compulsive disorders and phobias) presented findings from his research in England at a February 9 lecture sponsored by the NIMH Staff College.

According to Marks, exposure therapy might best be described as prolonged exposure to or confrontation with whatever object or situation causes the anxiety.

For example, he said, the person who was terrified of snakes, even to the extent of refusing to visit the zoo, to look at pictures of snakes, or to walk in any kind of rural setting, is placed in a room with a caged snake. While the initial confrontation would be nerve-racking, the patient over time should be able to confront the feared object without anxiety.

With repeated exposure, the anxiety abates, even to the point where the patient can handle the snake—although therapists aren't sure why.

Marks presented findings from a recent study in which phobia patients were divided into three treatment groups. One group was treated by a nurse-therapist, another followed instructions in a self-help manual called *Living With Fear*, and the third group followed automated instructions on a computer. An analysis of three-quarters of the data found that all three groups improved significantly.

Marks commented that, at present, several theories exist as to why people have anxiety disorders. One explanation he offered is that some people simply never outgrow natural childhood fears, such as fear of animals under the bed or of stepping on cracks in the sidewalk.

"Perhaps," said Marks, "these adults have failed to extinguish childhood phobias for whatever reason rather than acquiring new phobias as an adult."

He also traced adult anxiety disorders to a possible failure in the psychological or emotional immune system. Drawing an analogy to the biological system, Marks said that one is threatened with cancer cells all the time. As long as the immune system does not fail, one successfully combats cancer. If the system fails, cancer results.

With that in mind, he theorized that, if one comes from an environment where one runs away from fears instead of confronting them, one may be more susceptible to phobias in later years. He suggested that some child-rearing practices may be more conducive to fostering adult phobias. "We really do not have good data on this yet," said Marks, "but it's a question that must be taken into account."

Some measures can be taken to prevent or lessen anxiety disorders, he noted. Data already have shown that children's fear of visiting the dentist can be lessened by preliminary visits to the dentist's office.

Exposing high-risk populations (such as widows or children about to be hospitalized) to the irrevocability of their particular situations might be an effective way of dealing with anxiety, he proposed. Other preventive measures might involve close studies of stoical people to see how they handle anxiety effectively, and research on the benefits of specific kinds of crisis aid.

Commenting on Marks' presentation, Dr. Larry Silver, NIMH Deputy Director, cautioned against fitting all anxiety disorders into one particular treatment plan. "There may be multiple factors for an anxiety disorder," he said, "and one must look at the total individual in his or her complete environment before developing a particular treatment."

—Judy Folkenberg, NIMH

DRUGS

from page 1

hope."

Mayer cited statistics from two major NIDA surveys on the extent and nature of the use of illicit drugs and alcohol. The latest annual survey of high school seniors showed marijuana use dropping, but still at the highest level—7 percent—of any Western nation for that age group. "In an average size high school classroom, there are two or three youngsters who are smoking marijuana every single day," he said.

"We've also seen, in just these last 3 years, a distinct increase in the intake of stimulants, particularly amphetamines. Nearly one-third of all high school seniors abuse amphetamines," he declared. "Cocaine has been used by about 17 percent of our high school students."

Drug use by young people interferes with their ability to cope, lessens chances of achieving their potential, and increases their passivity and isolation, Mayer said.

The event launched a new Volunteer Drug Prevention Program sponsored by ACTION, the Federal volunteer agency.

Dr. Carlton Turner, President Reagan's Drug Adviser, has said that ACTION intends to develop a cadre of regional and State drug abuse volunteer coordinators who would encourage volunteer efforts in drug and alcohol abuse prevention across the country, offer technical assistance to parent groups, and test models for training adult and youth groups to work with less informed peers to achieve a drug-free environment.

The White House briefing was held to introduce the parent movement leadership to leaders in the corporate world and heads of voluntary organizations, and to involve business and other groups in drug abuse prevention activities.

H. Ross Perot, Texas industrialist and Director, Texans' War on Drugs, stated that the illicit drug business in the U.S. is bigger than any American corporation other than Exxon, and has a greater impact on inflation than imported oil.

Turner said that the goals of the Presidential program to combat drug abuse include reducing high school seniors' daily drug use by 30 percent and establishing parent groups in every high school by 1984. More than 3,000 parent groups already have formed across the country.

Other speakers at the March 22 event included: William Barton, National Federation of Parents for Drug Free Youth; Dr. Keith Schuchard, author and spokesperson for PRIDE, an Atlanta-based center for parent resources and information on drug education; Sue Rusche, DeKalb Families in Action, Atlanta; Carla Lowe, Community Action Against Drug Abuse, Sacramento; and Thomas Pauken, ACTION Director.

Saint Elizabeths Hospital
1982 Overholser Day Convocation

will present

Dr. Robert Coles
Harvard University

on

"Families in Crisis"

Friday, April 23

Contact Mrs. Owens,
574-7583

Alcohol Clearinghouse Meets With States To Improve Services

Representatives from 14 State alcoholism agencies attended the second NIAAA Clearinghouse User Workshop, recently held at the National Clearinghouse for Alcohol Information in Rockville, Md.

The workshop was designed: (1) to gather information from the States on their current and projected information requirements and on how the Clearinghouse can best provide support to them; (2) to discuss how the Clearinghouse can be used more effectively and to inform user representatives of new products and services; and (3) to explore means for an ongoing information exchange between the States and the Clearinghouse.

Workshop participants were queried about the value of existing Clearinghouse services and products to State agencies and the programs they monitor. They also were asked to identify their information needs and suggest ways that the Clearinghouse can help.

Participants identified the following information needs: acquiring and applying the results of prevention research; timely information on Federal priorities; innovative program evaluation techniques; information on multicultural populations; model legislation; and planning data, including analyses of trends in alcohol-related statistics and research on incidence and prevalence.

Many suggested that the Clearinghouse develop modular materials on prevention and evaluation in camera-ready form, so that the States can reproduce parts or all for dissemination. They reported that they make especially good use of periodical publications, data base searches, and public information pamphlets provided by the Clearinghouse.

As a result of workshop recommendations, the Clearinghouse is developing a network of liaison people in each State to assist in developing information priorities, identifying user needs, and providing an information exchange mechanism both between States and the Clearinghouse and among States. The liaison people also would foster mutual development of materials and information collection activities.

The workshop was the second in a series to provide information to key users and understand their information needs. The first workshop drew a cross-section of users, including health professionals, university faculty, State agency representatives, treatment directors, and prevention specialists.

Blood Donors Needed

The Parklawn Bloodmobile will make its next stop on April 12, 13, and 14. Donors are urgently needed to help alleviate an existing blood shortage which has forced cancellation of critical surgery. Contact Wayne Johnson, x33717, or John Craig, x32932.

ADAMHA Contracting Officers Appointed

These four staff members recently received DHHS Certificates of Appointment as Contracting Officers, giving them authority to execute contracts that obligate the Government: (l to r.) Edward David, NIDA; Henry Arista, NIAAA; Jack Campbell, NIDA; and John Cousins, NIDA. Nicholas Kalathas, NIDA Addiction Research Center, also received a certificate.

Cheung Is New Commissioner

Dr. Freda Cheung

Dr. Freda Cheung, NIMH Center for Studies of Minority Group Mental Health, has been appointed to serve on the Montgomery County (Md.) Human Rights Commission.

She is believed to be the first Asian member in the Commission's 20-year history.

Cheung first came to the Commission's attention when she discussed Asian-American issues before the county schools' Human Relations Convention and the Maryland Civil Rights Commission.

Although she has been chosen to convey the Asian point of view in a county where Asians are the second largest minority group, the new Commissioner says she will represent all county residents, and hopes "that people will use me as a contact person."

Throughout her 3-year term, Cheung will work with the 14 other Commissioners in efforts to eradicate discrimination in housing, education, employment, and public accommodations, and to recommend legislation to insure equal rights for all residents.

New Employment Opportunities for ADAMHA Personnel

The Division of Special Mental Health Research in NIMH's Intramural Research Program, located at Saint Elizabeths Hospital in S.E. Washington, D.C., needs personnel in the following categories:

- secretaries
- clerks
- administrative technicians

Contact: Robert Schonfeld
NIMH Deputy Executive Officer
17-102 Parklawn, 443-3823

0/17

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National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

adamha news

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Vol. VIII, No. 7, April 23, 1982

MAY 3 1982

Studies Sought On Stress In Adolescence

NIMH has announced that $1 million in FY 1983 grant funds will be available to support basic and applied studies on adolescent stress reactions.

Because adolescents are the only age group in this country whose death rate is rising, as teenagers die in increasing numbers from suicide, homicide, alcohol-related car accidents, and drug abuse, NIMH is concerned with the mechanisms and conditions underlying the adolescent response to stress.

The Institute is interested particularly in basic studies that focus on stress as it is implicated in the etiology of mental, emotional, and behavioral disorders. Because adolescence can be viewed as a period of "normative crisis" due to the many changes facing the teenager, the Institute also is interested in the adaptive mechanisms that young people use to cope effectively with such changes.

Other areas of concern include biological changes, cognitive development, and peer and parental influences as they relate to stress, as well as the developmental antecedents that may prepare adolescents to face these major changes.

Applications will be accepted for review at three different periods during the fiscal year. Receipt deadlines are July 1, 1982, November 1, 1982, and March 1, 1983.

Investigators are encouraged to seek further information before formal submission by contacting Dr. Sigmund Dragastin, Chief, Personality and Emotional Processes and Problems Section, NIMH Behavioral Sciences Research Branch, Room 10C-09, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-3942.

—Marilyn Sargent, NIMH

Delinquency Project Gets Private Grant

"Teaching parent" Carrie Lauterbach (right) talks with young resident at Phoenix Home for Girls in Morganton, N.C.

INSIDE. . .

Hispanics and Cultural Conflicts 3

St. E's Revamps Pharmacy 3

A successful group home project for young delinquents which has NIMH support recently received a $75,000 grant from the Z. Smith Reynolds Foundation, Inc., of Winston-Salem, N.C.

The project, known as "Bringing It All Back Home" (BIABH) helps to establish community-based "teaching family" group homes for

See DELINQUENCY (P. 2, Col. 1)

Three Researchers Present Findings At ADAMHA Science Press Seminar

Dr. Steven Paul, ADAMHA Administrator William Mayer, and Dr. Marian Fischman

Three scientists who are tracking down solutions to ADM problems described their work at a March 25 ADAMHA Science Press Seminar.

The research projects, all of which are funded by agency Institutes, have delved into:

- The connection between raising the drinking age and reduced alcohol-related accidents among young drivers;
- The effects of cocaine use on human physiology and behavior; and
- The existence of a biochemical "marker" for depression.

As the researchers explained to the science reporters in attendance, each study has produced data that may be put to practical use in preventing or treating these major public health disorders.

Dr. Alexander Wagenaar of the University of Michigan's Highway Safety Research Institute led off the seminar with a report on the first major scientific evaluation in the United States of the impact of raising the legal drinking age on alcohol-related automobile crashes.

The study analyzed effects in two States, Michigan and Maine. Michigan raised its minimum age from 18 to 21, and Maine from 18 to 20, in 1978. Both States were reversing legislation which had lowered the drinking age.

Alcohol-related crashes dropped significantly beginning the first month after the age was raised in each State, the investigators found. In the first year, injury-producing crashes among drivers aged 18–20 were down 20 percent in Michigan and property damage crashes lowered 17 percent.

"This means that some 1,100 fewer drivers were injured than would have been expected without the age change," Wagenaar said, "and that 1,500 fewer crashes involving only property damage occurred."

In Maine, property damage crashes involving 18–19 year olds also dropped 20 percent.

Wagenaar reviewed the extensive measures taken to eliminate external influences on the study's outcome, including such factors

See PRESS (P. 2, Col. 1)

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PRESS

from page 1

as the slowed economy in Michigan, which automatically reduces accident rates.

The scientist determined that the accident reductions were causally-related to higher drinking ages. "The substantial decreases in crash involvement were limited to crashes involving both alcohol and youth," he noted, "with no comparable reductions either in non-alcohol-related crashes among youth, or in crashes among youth or crashes involving older drivers.

"Our conclusion also was borne out by comparing our results with previous research done in Michigan and Maine on effects of lowering drinking ages," he continued.

"We were surprised at the degree of change—even 5 to 8 percent could be regarded as success."

The next speaker, Dr. Steven Paul, Chief, Neuroscience Branch, NIMH Intramural Research Program, described recent evidence that a specific biochemical defect may underlie severe depressive or manic-depressive disorders. Specifically, Paul implicated the uptake mechanism for the neurotransmitter serotonin—one of the brain's biochemical messengers—at the neuronal synapse.

Although serotonin has long been implicated in the depressive disorders, the specific mechanisms involved have not been pinned down. A number of basic regulatory functions appear to control neurotransmitter availability at the synapse, said Paul, "but in the case of serotonin's role in depression, mounting evidence points to a defect in the regulatory process referred to as 're-uptake.'"

Re-uptake is the process whereby the presynaptic neuron which releases the neurotransmitter into the synapse takes back some neurotransmitter at specific uptake sites, he explained.

Evidence to support the "serotonin uptake deficiency" hypothesis comes from research by Paul and his co-workers. The scientists found that platelets (blood cells) are excellent models for studying serotonin uptake sites as well as antidepressant binding sites in human brain. Using platelets, they uncovered three pieces of evidence that strongly point to a serotonin-uptake defect in depressed patients:

First, they found decreased serotonin uptake in platelets from severely depressed patients as compared to uptake in age- and sex-matched controls.

Second, they found that radioactively-labelled imipramine, an antidepressant, strongly binds to a site structurally associated with the serotonin uptake site.

Third, they found a decrease in the numbers of imipramine binding sites in platelets from drug-free depressed patients when compared to platelets from age- and sex-matched normal controls.

Further, other NIMH intramural investigators have shown that severely depressed and suicidal patients have reduced levels of 5HIAA, a serotonin metabolite, in their cerebrospinal fluids.

"Taken together," Paul said, "these findings point to a deficiency in serotonin uptake as a marker for depressive disorders. If further investigations confirm these findings, it may be possible to develop a highly specific drug to counteract the defect, and to help many severely troubled people."

Dr. Marian Fischman of the University of Chicago described NIDA-supported research underway to document the effects of cocaine on human physiology and performance.

Her studies compare cocaine's effects to those of amphetamine, which she called a "prototypic stimulant" drug.

"The long-term toxicity of amphetamine has been well-documented in laboratory procedures and confirmed in anecdotal evidence on the street," she said.

"Our best scientific estimate of the long-term effects of cocaine, based on data we have collected in healthy volunteer subjects with histories of cocaine use, is that this drug also has substantial toxicity.

"Overall, amphetamine and cocaine appear to have very similar pharmacological and behavioral actions. Experienced subjects are unable to distinguish between them.

"This similarity of action is extremely important," the researcher commented. "We believe the well-deserved respect and caution the public now gives to amphetamine should also be applied to use of cocaine."

—James Helsing, ADAMHA

DELINQUENCY

from page 1

adolescents who otherwise would be placed in correctional institutions.

According to a Foundation official, the grant was awarded because "the contribution of BIABH to North Carolina during its relatively short life was very impressive" and because "the need and justification for non-governmental support ... was especially compelling at this time of changing Federal policies and increasing uncertainty about future governmental support for such efforts."

The Foundation funds will help the BIABH Center provide training, consultation, and evaluation services to 20 independently-run group homes throughout central and western North Carolina. The grant also will help the Center establish new homes.

BIABH draws on a variety of public and private funding sources to maintain its high standards of care in the midst of nationwide cutbacks. Since it opened in 1973, it has received money from various sources, including Title XX, the Appalachian Commission, the Babcock Foundation, and the Law Enforcement Assistance Administration. A grant from the NIMH Center for Studies of Crime and Delinquency has supported a 6-year evaluation project.

The "teaching family" model on which the BIABH group homes are based was developed by a University of Kansas project funded by the Crime and Delinquency Center since 1969.

The Kansas model was the work of Dr. Elery and Elaine Phillips and colleagues who put behavioral science to work in helping troubled teenagers at the Achievement Place group home in Lawrence, Kans.

After trying and evaluating numerous approaches, the Phillips team found that the most successful treatment for delinquents combined two principles:

- teaching the youngsters appropriate behavior and problem-solving skills. A "token economy" helps achieve this by awarding (or deducting) privileges based on conduct and task performance.
- caring for the youngsters in a family environment with genuine warmth, humor, and respect for the teenagers' feelings.

The Phillipses trained couples like themselves to take on the role of "teaching parents." Drawing on their own experiences in running a group home, they emphasized the value of discussing the reasons for changing behavior with the teenagers.

By 1975, more than 30 couples around the country were operating group homes for delinquents based on the Kansas model. Today, nearly 200 "teaching families" are caring for delinquents in the United States and abroad, including several group homes in the District of Columbia (see *ADAMHA News*, Volume VII, No. 5, March 6, 1981.)

The concept also has been picked up by programs serving the mentally retarded, the mentally ill,

See DELINQUENCY (P. 4, Col. 4)

Alcohol, Drug Abuse,
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Pharmacy Services At St. Elizabeths Are Modernized

Saint Elizabeths Hospital's Pharmacy Unit is modernizing its operation and establishing branch pharmacies to serve patients better.

Medication is essential for treating most of the Hospital's 1,600 inpatients and more than 3,200 outpatients. However, geography is an obstacle to supplying needed medicines to inpatients, because they are housed in some 20 buildings scattered on the Hospital's 320 acres.

Following the current best pharmaceutical practices and standards set for accreditation, the Hospital has three pharmacies: a central inpatient pharmacy, an outpatient pharmacy, and now the first satellite inpatient pharmacy.

The Hospital's pharmacists do more than simply fill prescriptions ordered by physicians; they are involved in direct patient care.

Each pharmacy maintains a medication profile for every patient it serves. Before filling a prescription, the pharmacist reviews the patient's profile to verify that the physician's order is appropriate, i.e., that no combinations of drugs are antagonistic, or will have undesired side effects. He or she also may counsel the patient on use of the medication, and may instruct ward staff on administering the drug.

Patient counseling is an essential part of the Outpatient Pharmacy's service, since these patients usually administer their own medication.

The Hospital recently opened its first satellite pharmacy in the Haydon Building, which houses nearly 200 inpatients.

The new pharmacy employs modern and efficient practices, such as a modified unit dose system. Instead of packaging a week's supply of a medication for each ward, pharmacists count out the required number of individually-packaged basic doses of the medication; these are stored in an individual drawer for each patient's medication. Drawers for all patients on a ward are placed in a cassette that is wheeled to the ward and exchanged for the empty cassette from the previous week.

Advantages of the unit dose dispensing system are: many drug inventories are decreased; nurses are released from counting out doses and thus have more time for patient care; the possibility of medication errors is reduced; the quality of care is increased by pharmacists advising and interacting with patients and ward staff, and administration of medications is foolproof.

All wards in Haydon Building will be served by the new pharmacy by August 1.

—Don Coyle, St. E's

St. E's pharmacy aides check medication profile of patients as they fill physician's orders.

How Can Hispanics Cope Successfully? Two Ways, Says Szapocznik

Discrimination against Hispanics in the workplace and cultural conflicts within Hispanic families may be eased by taking concrete steps to improve personal interactions, it was suggested at a February seminar held by the NIMH Center for Studies of Minority Group Mental Health.

Dr. Jose Szapocznik of the Spanish Family Guidance Center, University of Miami, presented findings from two NIMH-funded studies on intervention strategies for dealing with racism and acultural stress.

His first project, "An Hispanic Approach to Institutional Racism," examined personnel practices (hiring, promotions, etc.) of the Jackson Memorial Medical Center and the Dade County metropolitan government.

The study uncovered evidence of organizational barriers to the advancement of ethnic minority workers, he said.

At the medical center, minorities comprise 70 percent of the patients but fill only 2 percent of the center's top 50 positions. In county government offices, 53 percent of employees hold top echelon jobs ($25,000 or higher a year), but only 10 percent of these posts are filled by minorities.

Szapocznik believes that such practices are a byproduct of institutional policies and procedures rather than discrimination on an individual basis. His Center has chosen a "structural systems" intervention approach that relies heavily on reorganizing working relationships to promote system change or growth.

For example, the researchers observed that frequent promotions can alleviate dissatisfaction among mid-level managers who lack "access to power." They recommend an apprenticeship format which encourages high-level employees to sponsor their lower-level coworkers.

Szapocznik's second project was the "Bicultural Effectiveness Training" (BET) intervention model, which seeks to relieve accultural stress experienced by Cuban-American families.

As he pointed out, while there is a high rate of family disruption in all American families, the generation gap often is wider between parents and children in ethnic minority families. Youngsters acculturate faster than their parents under the best of conditions, and if there are deep problems, alienation is that much greater. Parents lose control over their children.

At the Spanish Family Guidance Center, the BET modality is used to help Cuban families as a unit in 12 2-hour sessions. This approach was developed after observation and interviews with disturbed Cuban youths.

Center staff have discovered that families who are bicultural are best adjusted, and those who are monocultural least adjusted. When the children are very American and the parents very Hispanic, the conflict is a cultural one, not a family one.

Consequently, the staff view acculturation as a 2-dimensional process which involves retaining characteristics of the culture of origin as one acquires characteristics of the host culture. Sessions with the Cuban families work toward achieving biculturism and encourage members to relate to each other's culture.

The seminar was the first in a series the Minority Center is planning.

—Myrle Kahn, NIMH

Knauer, Pardes Visit Fountain House

One clubhouse member exclaimed, "Wow! The White House comes to Fountain House!"

The occasion was a visit by Virginia Knauer, Special Assistant to President Reagan, to Fountain House, a New York City psychosocial rehabilitation facility for former mental hospital patients.

Knauer was accompanied by Dr. Herbert Pardes, NIMH Director. They heard Fountain House Executive Director John Beard explain that psychosocial rehabilitation helps smooth the transition from mental institution to community through social, residential, and vocational services.

Fountain House is situated in a large, 5-story building in midManhattan and has more than 400 members. People who attend daily come there to help in a number of areas—clerical, maintenance, food preparation and service, and social activities.

Many participate in the Fountain House transitional employment program, which allows members to move into the workplace on a part-time basis with full continuing support from clubhouse staff members. Transitional employment assignments are usually 4 hours a day for a 6-month period.

Several members described their experiences to Knauer as she toured Fountain House.

She also met briefly with a group of out-of-town trainees who were enrolled in a program financed by a 5-year NIMH grant. After the training, the men and women return to their own facilities back home to replicate Fountain House activities.

Beard said that more than 120 similar clubhouses now are in operation around the country, and many of them offer transitional employment programs. This is a sixfold increase, up from 18 programs in early 1977 before the NIMH grant was awarded.

Virginia Knauer, Herbert Pardes, John Beard

DELINQUENCY

from page 2

autistic or disturbed children, and the elderly.

Dr. James Breiling, project officer with the NIMH Crime and Delinquency Center, believes that the comprehensiveness of the approach is the key to its success.

"Psychosocial services like group homes tend to be more idiosyncratic and less standardized than medical services," he notes. "This model is different: it provides a systematic approach to care as well as a positive relationship with each client. It has built-in accountability procedures, it is economical, and it has evolved into a nationally-standardized program."

-K.C., ADAMHA

NIMH Researchers Interviewed for World TV

Dr. Donald McKnew and Dr. Leon Cyntryn, NIMH Intramural scientists and pioneers in the study of childhood depression, were recently interviewed by Helio Costa, New York Bureau Chief, Globo-TV.

Globo-TV, the fourth largest network in the world, purchased ABC's 20/20 show on depression in which Cyntryn and McKnew participated. The Costa interview will enlarge the McKnew/Cyntryn segment of the show which will be aired in Brazil. Depending on the response, said Costa, the program may be shown in others of the 52 countries to which Globo sells.

Following the ABC airing in the United States, the program producers, NIMH, and other psychiatric facilities around the country were overwhelmed by callers seeking help. Although Globo reaches 60 million viewers in Brazil, Costa believes the response will not be as intense because there is less depression in that country. He explained that cultural emphasis on strong family ties and responsibility of children to parents reduces loneliness and anomie in Brazil.

—Marilyn Sargent, NIMH

Dr. Donald McKnew (left) and Dr. Leon Cyntryn (center) are interviewed by Helio Costa of Globo-TV.

Walter Reich Named Fellow

Dr. Walter Reich, NIMH research psychiatrist and Program Director of the NIMH Staff College, has been named a Fellow of the Kennan Institute for Advanced Russian Studies at the Woodrow Wilson International Center for Scholars, Smithsonian Institution.

Beginning in October, he will spend 10 months studying the development of Soviet approaches to schizophrenia.

The Woodrow Wilson Center was established by Congress in 1968 to strengthen the fruitful relationship between the world of learning and the world of public affairs. The Center, located in Washington, D.C., invites approximately 40 international Fellows each year to engage in scholarly research and writing.

The Kennan Institute for Advanced Russian Studies, named for George Kennan, former Ambassador to the Soviet Union and specialist in Soviet affairs, supports research on Russia and the USSR. Reich is the first physician to have been named a Kennan Fellow.

Reich joined NIMH in 1973 as a research associate in the Laboratory of Psychology and Psychopathology, where he pursued studies on the genetics of schizophrenia. In 1975–76, he served as staff psychiatrist for the President's Biomedical Research Panel, after which he assumed his present duties with the Staff College.

Reich was trained in psychiatry at Yale University, where he presently is a Lecturer in Psychiatry. He also is a Research Associate Professor of Psychiatry at the Uniformed Services University of the Health Sciences.

—Myrle Kahn, NIMH

Asian/Pacific Heritage

The 1982 Asian/Pacific American Heritage Program will take place May 6 and 7 at the Parklawn Building from 11:30 a.m. to 1:00 p.m. The program will feature Asian/Pacific music, martial arts, dances, and other cultural exhibits. It is co-sponsored by the Parklawn Asian/Pacific American Community and the PHS EEO Office. For further information, contact Gloria Chang on 443-6912.

8/8

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Scientists Review U.S.-Japan Alcohol Research Agreement

Japanese and American scientists met at Stone House on the NIH campus April 1-2 to review cooperative alcohol research efforts under a bilateral agreement signed in Tokyo in the fall of 1980.

Ongoing and proposed U.S.-Japan projects include epidemiological studies, sharing of information on diagnostic techniques, collaborative biomedical research, and an exchange of scientists.

Dr. Motoi Ogota, Chief of Research at the Hokkaido Mental Health Center, led off with a presentation of data from an epidemiological study conducted in Japan on the "flushing" syndrome. Many Japanese become flushed after they commence drinking. Flushing is much less common among Caucasians.

Dr. Jiro Yamamoto, former Director of the Mental Health Division, Japanese Ministry of Health and Welfare, spoke about changing patterns of alcohol use in his country. He reported that Japanese in urban settings increasingly are adopting stronger "Western" beverages, such as whiskies and brandies. Japanese women also are showing up in alcohol abuse statistics for the first time, he said.

In addition, Yamamoto noted, the average age of the onset of alcohol use in Japan is dropping, and traditional shame associated with young women showing the flushing syndrome in public places is lessening.

Leland Towle of NIAAA, who chaired the meeting, reported that alcohol-use patterns in Japan are uneven and cited the continuing use of saki, the traditional rice-based wine, throughout much of rural Japan.

Dr. Hiroaki Kono, head of the Japanese Delegation, remarked that current funding for research on alcoholism in Japan is limited. He expressed a willingness, however, to continue existing collaborative projects and to request increases in funding from the Japanese Ministry of Health.

All participants at the meeting showed a keen interest in continued crosscultural studies. The Japanese were particularly interested in epidemiological research on the Ainu population, a small enclave of aboriginal Japanese of Caucasian origin living on the tip of the northern island of Hokkaido.

American scientists expressed interest in alcohol use among Asian-Americans in Hawaii and in California. Scientists from both nations agreed that data collected using a jointly-designed questionnaire would be most valuable, particularly when combined with data from studies in other countries gathered under the auspices of the World Health Organization.

—Walter Clark, ADAMHA

INSIDE . . .

VOLUNTEER!
VOLUNTEER!

U.S. Department of Health and Human Services
May 7, 1982
Vol. VIII
No. 8

NIDA Honors Three "Pacesetters"

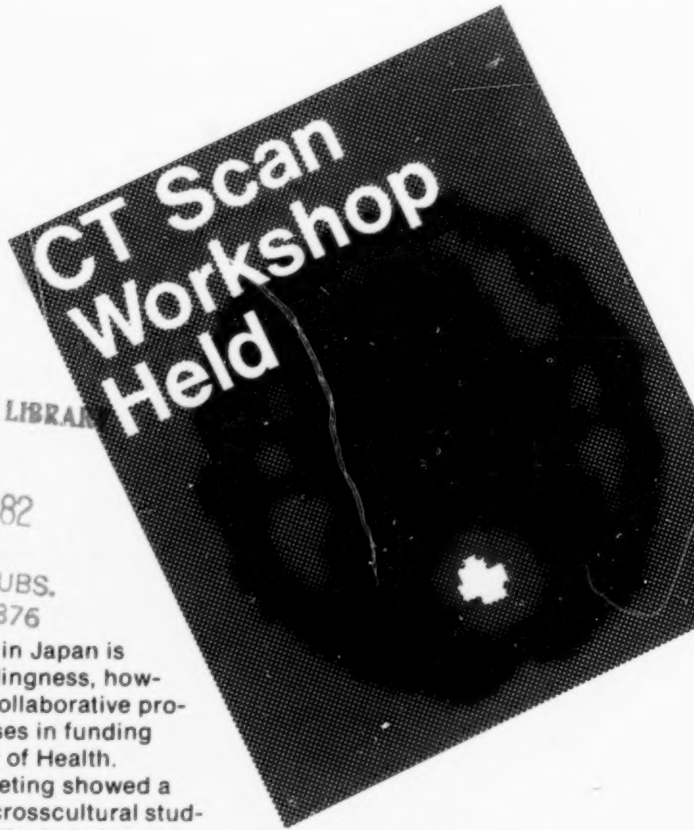
Dr. Sidney Cohen, Pacesetter Award recipient (left), presents a Certificate of Recognition to Dr. Lonnie Mitchell, Acting Director, NIDA Division of Training.

NIDA "Pacesetter Awards" were presented recently to three individuals in the drug abuse field who have made outstanding contributions to the development and success of the NIDA National Training System.

NIDA began the "Pacesetter" program in 1976 to recognize individuals and organizations contributing in an innovative way to solving drug problems.

The new awards went to Dr. Sidney Cohen, now Adjunct Professor of Psychiatry, UCLA School of Medicine, and an early

See PACESETTER (P. 2, Col. 2)



CT Scan Workshop Held

Use of CT scans (computerized axial tomography) to x-ray the brains of psychiatrically disordered individuals was the topic of a recent workshop cosponsored by the NIMH Center for Studies of Schizophrenia and the Psychopathology and Clinical Methods Section of the Institute's Clinical Research Branch.

Moderated by Dr. Seymour Kety, Harvard Medical School, the workshop featured reports on CT scan technology, new research findings, and summations of what is known and needed in the field. The 30 participants also heard NIMH Director Herbert Pardes speak on the Institute budget and new program directions.

Workshop participants agreed that CT scan findings of enlarged brain ventricles (cavities) in some schizophrenic and manic-depressive patients are controversial. While seven participants reported finding ventricular enlargement (VE) in schizophrenic patients, and two researchers found VE in manic-depressives as well, two laboratories reported other results. They could find no difference in ventricular size when comparing their schizophrenic patients with controls.

The different findings might stem from differences in patient populations, suggested Dr. Terri Jernigan of Palo Alto VA Medical Center, one of the research groups that could not replicate the VE finding. Jernigan reported finding major differences in psychometric test results when she compared her patients to those in another study and indicated that "we may have been looking at a subset of schizophrenic patients different from those in the other studies."

In fact, workshop participants agreed that standardized psychiatric diagnosis is crucial to the replication of findings in different laboratories. The need for a diagnostic instrument that could more accurately address the issues involved in diagnosing schizophrenia was discussed, as were the problems of training individuals to carry out the complex interviews needed to make accurate diagnoses.

See SCAN (P. 2, Col. 1)

HE 20.8013:

PHS Honor Awards

Regier

Neville

PHS Commissioned Corps Meritorious Service Medal

David M. Neville, Jr., Chief
Section on Biophysical Chemistry
NIMH Laboratory of Neucrochemistry
"For outstanding research accomplishments in the fields of membrane biochemistry, cell-surface receptors, and hybrid toxins and their relationship to physiology and pathology,"

Darrel A. Regier, Director
NIMH Division of Biometry and Epidemiology
"For outstanding scientific and administrative initiative and leadership in the area of mental health epidemiology, services research, and statistics."

PACESETTER

from page 1

Director of the Federal drug abuse program; Monsignor William O'Brien, Director of Phoenix House, a nationally known therapeutic community program for drug abusers; and Dr. Edward Senay, Professor of Psychiatry, University of Chicago.

The awards were presented at the third National Training System Conference at the Shoreham Hotel in Washington, D.C., in late February. More than 200 people from throughout the United States attended the conference, representing all facets of the NIDA manpower system, including career teachers, resident fellows, grantees, and staff from regional support centers and State training support programs. Many drug abuse treatment programs also sent representatives.

Cohen's "Pacesetter" cited him for his pioneering efforts in developing the overall national drug abuse program, and for his "energetic, creative, and unwavering support" of training activities "whenever and wherever he was asked to serve" in an advisory capacity.

O'Brien received the award for "long years of leadership in the drug abuse treatment field and pioneering efforts to gain public support and attention for drug treatment programs."

Senay's award recognized his "ever-present support of training initiatives affecting the paraprofessional worker." He was cited for serving as Chairman of the advisory group for NIDA's National Drug Abuse Center for Training and Resource Development, and for "bridging the gap between NIDA training programs and those of other Federal agencies."

Senay also was credited with developing the annual National Drug Abuse Conference into a "true training mechanism."

Dr. Lonnie Mitchell, Acting Director of NIDA's Division of Training, received a special Certificate of Recognition for his leadership of the National Training System.

The conference theme, "Prevention and Training: Our Legacy for the Future." focused attention on the challenges facing the drug abuse training field during a time of reduced Federal funding for and proposed phaseout of clinical training programs, and consolidation of treatment funding into State block grants.

In his keynote address, Karst Besteman, longtime Deputy Director of NIDA and now PHS Regional Health Administrator in New York, called on participants to examine all potential avenues for expanding their programs through use of a wider range of resources than in the past, including greater reliance on the volunteer and private sector. He encouraged the field to view changes taking place at the Federal level as an opportunity for growth.

Several conference workshops focused on developing private sector funding and on network building. A special task force was formed to begin work on a how-to manual on network building designed to assist training programs when the formal National Training System goes out of existence.

A meeting of State Prevention Coordinators sponsored by NIDA's Prevention Branch was held along with the Training Conference.

The prevention agenda was planned by Bernard McColgan and Dr. Stephen Gardner of the Prevention Branch.

The conference also featured sessions on Native American issues. At one of these, a peace pipe was presented to Clifton Mitchell, NIDA project officer for the National Drug Abuse Center, for his continuing support of American Indian drug abuse training efforts.

SCAN

from page 1

Another view of the research differences was expressed by radiologists in attendance who felt the varying VE findings were probably an artifact of CT technology. For instance, they said, the machinery may not be sensitive enough to measure changes in ventricular size, and there typically are differences from one scanning machine to another. Radiologists also differ on defining the size of "normal" ventricles, they pointed out.

Dr. Nancy Andreasen, University of Iowa College of Medicine, discussed the relationship of VE to the course of schizophrenia. She said VE appears to occur early in some schizophrenics, to progress with age to be associated with negative symptoms, and perhaps to be influenced by genetic and environmental factors. She exemplified her points with CT scans showing VE in both a 40-year-old schizophrenic mother and her 17-year-old son, who had such premorbid symptoms of schizophrenia as social impairment and mild delusions.

Dr. Daniel Weinberger, Intramural Research Program, pointed out that VE cannot be used as a diagnostic tool because it is not specific to schizophrenia, and, in fact, is not found in most schizophrenics. "Nevertheless, it is a sign that something happened to a person's brain that shouldn't have happened and that, in most cases, it happened long before we looked at that person's brain."

Over the course of the meeting, participants noted the frequency of neuropsychological and organic findings in schizophrenic patients. Enlarged ventricles, they speculated, might be one sign of brain damage.

"The evidence that brain injury in children leads to major psychopathology at some time in their lives is mounting. We can predict that there will be psychiatric problems following early brain damage, but we cannot predict which mental illness will become manifest later in life," said Weinberger.

Regardless of research differences, there appeared to be consensus among many participants that VE is associated with major developmental and psychiatric disorders.

In his closing remarks, Kety speculated that VE might be a sign of nonprogressive brain degeneration somewhat like an "incomplete Huntington's Disease." Further, he suggested that the value of CT scans may be to eventually differentiate homogenous subgroups of schizophrenics, which can then be described and predicted in terms of treatment response and physiological variables.

"As we begin to understand what causes dilatation of the ventricles and how enlarged ventricles, cortical atrophy, and other brain abnormalities relate to clinical symptomology, we may gain a better understanding of the etiology of a particular kind of schizophrenia, and even understand the kinds of etiologies that produce schizophrenia. But more important, CT scans may help us understand the morbid processes in the brain that produce the symptoms we call schizophrenia."

—Marilyn Sargent, NIMH

Dr. Seymour Kety (center) with meeting organizers, Dr. Jack Maser, Chief, NIMH Psychopathology and Clinical Methods Section (left) and Dr. Samuel Keith, Chief, NIMH Center for Studies of Schizophrenia.

NATIONAL VOLUNTEER WEEK CELEBRATED APRIL 18-24

Volunteers Serve ADAMHA Programs Throughout Agency

A volunteer worker brings along a Saint Elizabeths patient's favorite music when she visits the ward twice weekly.

Volunteers Play Important Role at St. E's

Saint Elizabeths Hospital had good reason to celebrate National Volunteer Week on April 18-24: During the past fiscal year, volunteers logged nearly 47,000 hours of service to the Hospital. And this year, they have been working roughly 10 percent more hours than last year.

The volunteer program at Saint Elizabeths started in the World War I era, when the American Red Cross brought in volunteers to staff its activity and socialization program at the Hospital. Many years later, the Red Cross program was replaced by the Hospital's own Volunteer Services Office and recreational therapy staff.

Volunteers introduced two new therapies at Saint Elizabeths, perhaps for the first time anywhere: art therapy and dance therapy. Both now are widely used throughout the world, and art and dance therapies at the Hospital are highly regarded as model programs.

In recent years, volunteers have staffed many of Saint Elizabeth's therapeutic activities, providing expertise in certain treatment areas. Some hospital employees also work as volunteers; many other volunteers come from the community, from church groups, civic associations, and college campuses.

The Hospital always welcomes volunteers, especially in these days of tight budgets. Anyone interested in learning more about volunteer work with mental patients is asked to call the Saint Elizabeths Hospital Volunteer Services office, (301) 574-7446.

Student Volunteer Program Provides Practical Experience For Future Programmers

Supervisor Donald Holliday looks on as Marian Maylath works on a program at the ADAMHA Division of Computer Systems.

Student volunteer workers are helping ADAMHA as they gain on-the-job experience in the agency's Division of Computer Systems.

This academic year, two students from Montgomery College's Computer Science Program in Maryland have been donating 20 hours a week to the Division. In return, these "computer programmer trainees" get the chance to work with equipment that is not available in their classrooms, and they can develop programming skills in real work situations.

One of the volunteers, Marian Maylath, has been hired by IBM for training as a systems engineer. Maylath, who will serve as liaison between sales representatives and their customers, believes that her work experience with ADAMHA helped her land the IBM job.

The other volunteer, Shirley Chan, is rewriting computer programs to bring them up to date with new programming and documentation standards, a task which might not be accomplished without volunteer assistance.

Each student is supervised by a Division staff member in a work environment that Maylath says "is much more personalized than a classroom. . . . It's like having a personal tutor."

Division Director Theodore Weiss is eager to bring in more student volunteers. He reports that interest has run high since he first approached Washington-area colleges last fall to solicit volunteers. In fact, he says, the Division has received more offers than it can handle from highly-qualified computer science students, some of whom have bachelor's degrees in other subjects.

With the assistance of the ADAMHA Division of Personnel Management, Weiss researched various Federal programs governing the use of volunteers which were expanded as part of the Civil Service Reform Act. He learned that, first and foremost, "volunteers are not to take the place of Government employees." In addition, the use of volunteers should not conflict with established programs for paid student services.

Student volunteers must be attending high school, vocational institute, college, or other accredited institution at least half-time, and they must be in good standing. Whenever possible, work assignments should be structured to provide course credits or fulfill other educational requirements.

Tours of duty are flexible, depending on the agency's needs and the students' availability. To work as a volunteer in the Division, a student must agree to devote a minimum of 20 hours a week for 6 months.

Throughout the students' service, the Division makes periodic progress reports to their colleges. At the completion of service, the students are presented with certificates, copies of their job description, and letters of recommendation.

Weiss believes that other agency units might be able to use student volunteers, especially for tasks where higher education or special training is required. Information on the Division's experience with the use of volunteers can be obtained by calling Weiss at (301) 443-3808.

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

Editor, Kate Callen. Photography, Nilo Olin. Institute contacts: NIAAA-Brenda Hewitt, 443-4883. NIDA-Susan Lachter, 443-1124. NIMH-Marilyn Sargent, 443-4536; Saint Elizabeths Hospital-Don Coyle, 574-7034. Published biweekly by the Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events.

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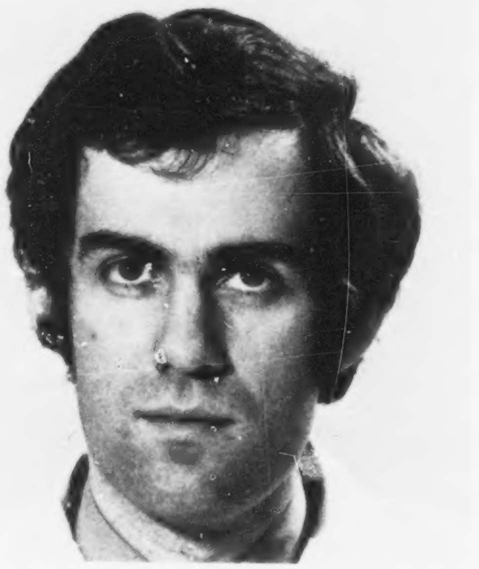
Richard Wyatt Wins 1982 Dean Research Award



Dr. Richard Wyatt, Chief, NIMH Adult Psychiatry Branch, has been awarded the 1982 Stanley R. Dean Research Award by the American College of Psychiatrists.

He was the unanimous choice of the Award committee and will receive a grant to support his research in 1983.

A staff member of NIMH since 1967, Wyatt has pursued several areas of research in mental health, including: metabolic, brain chemical, and cellular studies of schizophrenic persons; the side effects of antipsychotic drugs; and studies of human sleep and its disorders.

Most recently, he has been involved in transplanting healthy brain tissue into the destroyed brain tissue of experimental animals. Brain transplant studies offer some hope to humans who eventually might benefit from transplants to the portions of their brain damaged by Parkinson's disease.

Dr. Herbert Pardes, NIMH Director, said, "I am pleased that Dr. Wyatt has been chosen as the recipient of this award. His work has been invaluable in furthering our understanding of schizophrenia, and he is one of the finest clinical researchers in mental health."

Dr. Milton Greenblatt, chairman of the research award committee, called Wyatt "one of the most creative researchers in the field of psychiatry."

The 21st recipient of the award, Wyatt joins a distinguished group of researchers which includes Dr. Solomon Snyder of Johns Hopkins University and fellow NIMH researcher Dr. Julius Axelrod.

Wyatt received both his B.A. and medical degrees from Johns Hopkins University. A member of several professional societies and editorial boards, he has received a number of awards, including the Harry Solomon Research Award from Harvard University.

—Judy Folkenberg, NIMH

NIMH Film Wins Award

A film produced by the NIMH National Center for the Prevention and Control of Rape will receive a Red Ribbon at the 24th annual American Film Festival.

"Rape: Caring for the Adult Female" was selected for the honor from a Special Competition category of films related to "Medical Sciences."

The award will be presented to the Rape Center during the Festival, scheduled June 14-19 at the Fashion Institute of Technology in New York City.

The Festival is sponsored every year by the Educational Film Library Association.

Your Insurance Benefits

Employees who designated one beneficiary for their basic life insurance and another for their $10,000 Optional life insurance, and who later elected the new "Additional Optional" insurance, may be surprised to learn that, unless they complete a new Designation of Beneficiary form, the "Additional Optional" insurance will go to the beneficiary of the $10,000 Optional insurance, *not* to the beneficiary of their basic life insurance.

For example, if you wished your spouse and children to receive your basic life insurance, but wished $10,000 Optional insurance to go to your mother and father, and you later elected one or more multiples of "Additional Optional" insurance, that additional insurance would go to your mother and father, *not* to your spouse and children.

If you have filed no Designation of Beneficiary form at all, the following order of precedence applies:

1) Widow or widower
2) Children (including descendents of deceased children)
3) Parents
4) Executor or administrator of the estate
5) Next of kin

If you wish the beneficiary of your "Additional Optional" insurance to be someone other than the beneficiary of your $10,000 Optional Insurance, you should complete a new Designation of Beneficiary form immediately. Forms are available in room 15C-04, Parklawn Building, telephone 443-5030

The Following Courses are Offered by the Parklawn Training Center in May:

* Interpersonal Communication Skills	May 17, 19 & 21	24 hrs.	Mon/Wed/Fri
Creative Listening Techniques	May 25	8 hrs.	Tuesday
**Cardiopulmonary Resuscitation (CPR)	May 18, 20 & 25		Tues/Thurs/Tues
Diet and Weight Control	May 14-July 2	8 hrs.	Friday
* Managers Roundtable: "Diagnosing Your Organization"	May 18, 19 & 20		Tues/Wed/Thurs
* Personnel Interviewing	May 11-12	16 hrs.	Tues/Wed

* This program is creditable toward the 80 hour supervisory requirement.

**HEW-350 not required. Class size is limited.

For details and to register call 443-6790.

8/9

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

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Study Links TV, Aggression

An NIMH update of the 1972 Surgeon General's Report on television and behavior has found that "violence on television does lead to aggressive behavior by [some] children and teenagers who watch the programs."

In a more hopeful vein, the report applauds "the rise of interest in television literacy, critical viewing skills, and intervention procedures" as "one of the most significant developments of the decade."

The new report, entitled *Television and Behavior: Ten Years of Scientific Progress and Implications*, supports and expands upon the findings of the earlier report.

The 1972 report presented "some preliminary indication of a causal relationship" between TV violence and aggressive behavior. The new report states that "a causal link between televised violence and aggressive behavior now seems obvious. . . . In magnitude, television violence is as strongly correlated with aggressive behavior as any other behavioral variable that has been measured."

The updated review found that "children who watch a lot of violence on television

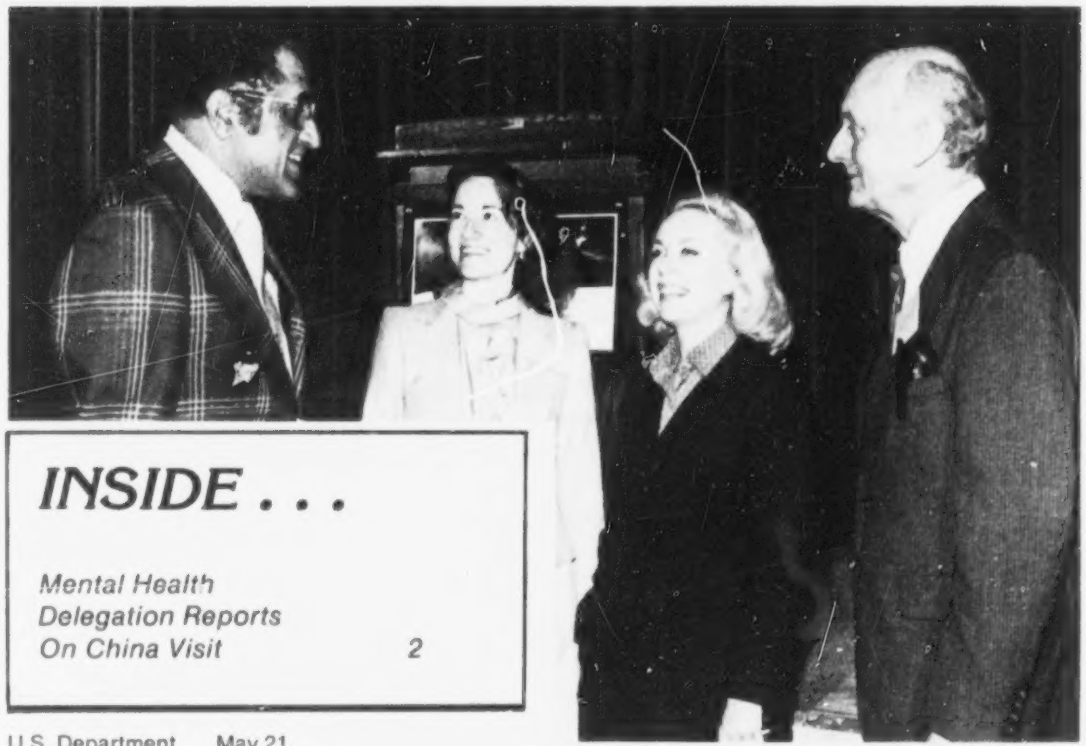
See TV (P. 7, Col 1)

A 'Showcase' on NIAAA Campaign Stresses State, Local Involvement

At a "national showcase" of TV spots, posters, and ads, Federal officials lauded the States and voluntary groups for taking on NIAAA's 1982 public education campaign aimed at preventing alcohol problems among women and youth.

Speaking at a special showing in D.C. April 27 of the materials developed by the Institute, Dr. Edward Brandt, Assistant Secretary for Health, declared that "this campaign could never have progressed this far, if it were not for the many private organizations and State agencies who have joined in with a positive spirit of collaboration and cooperation."

See CAMPAIGN (P. 4, Col. 1)



Left to right: Don Newcombe, Susan Maloney, Dr. Joyce Brothers, and Loran Archer at NIAAA media showcase.

INSIDE . . .

Mental Health Delegation Reports On China Visit 2

U.S. Department of Health and Human Services
May 21, 1982
Vol. VIII
No. 9

COST CONSIDERATIONS ARE THE ISSUE AT NIMH CONFERENCE

Mental illness, alcoholism, and drug abuse cost this country a conservatively-estimated $106 billion in 1977, and while costs rise, resources shrink, said Thomas Vischi, Director, ADAMHA Division of Treatment, at an April meeting convened by NIMH to address pressing economic issues in delivery of mental health services.

NIMH Director Herbert Pardes, in his welcome to the audience of Federal executives and policymakers at the cost considerations conference, said studies have shown that providing mental health services to hospital patients resulted in shorter hospital stays. The costs of providing mental health services were more than offset by the cost savings gained, he held.

Panelists at the opening session, Dr. Mary Ann Test, University of Wisconsin, Aviva Berk of Mt. Sinai School of Medicine, a cost benefit consultant, and Dr. Robert Okin, Staff Psychiatrist, Union Hospital, Lynn, Mass., discussed costs in relation to the various settings in which mental health treatment is provided.

Okin, former State Commissioner of Mental Health in Vermont and Massachusetts, said that mental health treatments are inefficient due to lack of comprehensive care, lack of coordination, and continued emphasis on institutional care in the face of research which shows that noninstitutional care is preferable for many patients.

Okin, who advocated the shutdown of all State hospitals in Massachusetts when he

See COST (P. 5, Col. 1)

HE 20. 8013:

Visit to China Provides Fresh View of Mental Health Treatment There

An array of American mental health professionals returned from a visit to China with the universal message that everyone gains by open and constant exchanges of ideas, whether it be between countries or persons, clinicians or scientists, psychiatrists or patients.

The delegation recently visited the People's Republic of China to observe the Chinese mental health system. The trip, sponsored by the Jennifer Jones Simon Foundation, was the subject of an April 19 symposium at NIH convened by the NIMH Staff College.

Dr. Walter Reich, Program Director of the Staff College, opened the meeting. Dr. Herbert Pardes, NIMH Director, who had been a member of the delegation, gave a background talk on U.S.-China mental health relations.

Pardes said that he gained "a sense of connectedness between the peoples of the two countries" in three visits he has made to China—in 1979, 1980, and 1981.

In 1981, American and Chinese scientists got together for a series of mental health seminars in China. During those meetings, the Chinese Government offered to send a Chinese scientist to the United States to help rebuild China's mental health research capability. There currently are two Chinese scientists in the NIMH Intramural Research Program, and Dr. Steven Potkin of the Institute's Adult Psychiatry Branch has been in Beijing since September 1981 as part of the scientist exchange between the two countries.

Dr. Walter Reich with Jennifer Jones Simon at U.S.-China symposium.

Dr. Raquel Cohen, Associate Professor of Psychiatry, Harvard Medical School, and another member of the delegation, told of a sign posted on a wall of every mental health care facility the group visited. It explained in simple language what psychosis is, how to do things for one's self, what are the most common symptoms, and drug therapies.

"It is there for everyone to see," Cohen remarked, "helping to take the mysticism or mystery out of schizophrenia."

Cohen, as well as another delegate, Dr. Thomas Bryant, was impressed by the Chinese emphasis on patient responsibility. The government guarantees that the patient's job will be waiting for him when he has recovered. The view is that it is his reponsibility to get better and return to work.

Bryant, who is Chairman of the Public Committee for Mental Health, observed that, "In China today, the public mental health system is integrated very closely with all social services." Because of this, the person has an effective support system during and following treatment, providing a kind of continuity of care. "The deinstitutionalization issue doesn't seem to exist in China," he said.

Dr. Richard Wyatt, Chief of the NIMH Adult Psychiatry Branch, described differences in the types of drugs used to treat schizophrenia in the United States and China, differences in dosages, and the advantages of international comparisons of drug abuse for mental illness and drug effects. U.S. research facilities—both government and private—now are sharing data on haloperidol with Chinese scientists, Pardes remarked.

> ***"In China today, the mental health system is integrated very closely with all social services."***

Wyatt discussed opportunities for research in the agreement between the two countries. Sulpiride and clozapine are just two examples of drugs widely used in China that are not available in this country, he said, commenting that clozapine is especially interesting. For example, knowing whether or not clozapine produces tardive dyskinesia might encourage drug manufacturers to produce an analogue of the drug which would not affect the blood's white cells, he said.

Dr. Mingdao Zhang, Deputy Chief of the Section on Neuropsychology at the Shanghai Institute of Mental Health and currently a Visiting Fellow in the NIMH Clinical Psychobiology Branch, said that 80-90 percent of inpatients receive drugs. The Chinese use reserpine for psychiatric patients, while the United States does not. Traditional

See CHINA (P. 4, Col. 3)

Minority Biomedical Symposium Held

NIMH-supported scientists and student researchers were among more than 1,200 participants in the Tenth Annual Minority Biomedical Research Support Symposium held recently in Albuquerque, N.M.

It was the third year NIMH was represented at the conference, jointly sponsored by the Division of Research Resources, NIH, and the University of New Mexico.

The Minority Biomedical Research Support Program (MBRS) was established at NIH in 1972 to encourage minority students and faculty to pursue careers in the biomedical sciences and health professions. NIMH began participating in the program in 1979, under a reimbursable agreement with NIH.

At the annual meeting, faculty and students exchange information on their research, hear presentations by internationally-known scientists, and learn about graduate and professional career opportunities in the biomedical sciences.

Keynote speaker Dr. James Henderson, Chairman of the Natural Sciences Division at Tuskegee Institute, traced the development and progress of the MBRS program. He said that the program is doing fairly well in these days of budget cuts, but noted that more funding is needed to improve facilities and equipment to attract more minority students into biomedical sciences.

The forum sponsored two scientific symposia. One dealt with biochemical aspects,

See MINORITY (P. 3, Col. 1)

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
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National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

Editor, Kate Callen Photography, Nilo Olin Institute contacts NIAAA-Brenda Hewitt, 443-4883 NIDA-Susan Lachter, 443-1124 NIMH-Marilyn Sargent, 443-4536 Saint Elizabeths Hospital-Don Coyle, 574-7034 Published biweekly by the Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events

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MINORITY

from page 2

clinical implications, and research areas of endocrinology. The other featured discussion of malloproteins.

Workshop presentations included alternate sources of funding, alternatives to academic careers, careers in academic medicine, and careers in basic sciences.

NIMH-supported students presented research papers and made poster presentations at several sessions. Six MBRS students received $500 scholarship awards for the best judged papers and presentations in the areas of psychology, biochemistry, pharmacology, neuropharmacology, behavioral psychology, and physical chemistry.

Speaking at the annual banquet, Dr. Don Ahshapanek, Haskell Indian Jr. College, Lawrence, Kan., urged the young scientists to adopt what he called "ten characteristics of a winner." These are: reverence, passion, generosity, self-confidence, compassion, idealism, creativity, courage, decisiveness, and integrity.

In an unscheduled appearance at the banquet, U.S. Senator Harrison Schmitt (N.M.) commended the MBRS program and urged the young scientists and their mentors to continue their studies.

A unique feature of the MBRS program is its emphasis on undergraduate research participation. The program encourages and supports student involvement in a variety of research projects and pilot studies being carried out by faculty. The program's growth and continuation has been attributed to the dedication and enthusiasm of the students and the support and commitment of faculty and project directors.

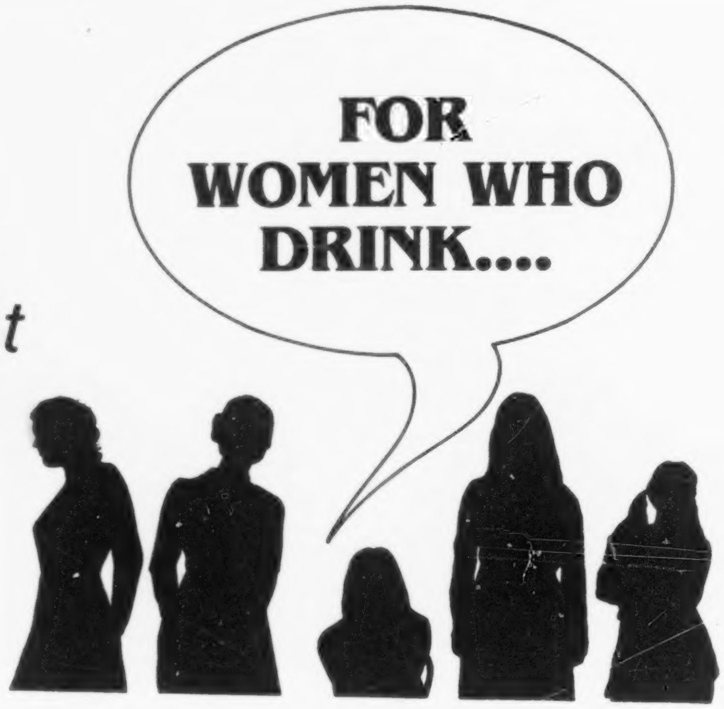
The program also enables faculty at eligible institutions to develop their biomedical research capability, thus increasing both the number of research projects underway at eligible institutions and the number of investigators involved in biomedical research. Eligible institutions must be a private or public 2-year college or 4-year university or college or other institution offering undergraduate, graduate, or health professional degrees with more than 50 percent minority enrollment.

Marion Primas, NIMH's MBRS Program Chief, noted that the program encourages faculty who engage in research to attract and involve students who may themselves then go on to become research investigators. Currently, NIMH is supporting 17 MBRS projects at 13 institutions, Primas said, up from 5 projects supported in 1979, the first year of NIMH involvement.

NIMH staff attending the meeting this year were Primas; Lorraine Torres, Associate Director for Extramural Programs; Carolyn Strete, Acting Chief, Minority Access to Research Careers Program, Division of Manpower and Training Programs; Leonard Mitnick, Chief, Mental Health Research Manpower Branch, Division of Manpower and Training Programs; and William Herndon, Division of Scientific and Public Information.

—William Herndon, NIMH

New NIAAA Guide to Women's Treatment


FOR WOMEN WHO DRINK....

An upcoming NIAAA guide to women's treatment programs was previewed at the 1982 National Alcoholism Forum on April 4.

The Forum, sponsored every year by the National Council on Alcoholism, also featured opening remarks by Assistant Secretary for Health Edward Brandt and a plenary talk on "Critical Issues for the '80s" by ADAMHA Administrator William Mayer.

NIAAA's Dr. Lois Chatham announced that the new women's treatment guide will be released as an NIAA monograph later this year. It is based on a December 1981 workshop that brought together the founders of 40 (out of 45) Institute-funded women's programs around the country.

"Participants at that workshop repeatedly expressed two themes," Chatham said. "First, their approach to women's programs was seen as holistic in nature; second, women's concerns, as reflected in the culture in general, impacted heavily on all activities of their programs."

Chatham, who is NIAAA's Acting Associate Director for Program Operations, was joined in her presentation by Margaret Wilmore, NIAAA project officer, and Dr. Joan Volpe, consultant for the December workshop. Wilmore emphasized that the workshop and guide were designed to augment available research findings with the "experential knowledge" of the 40 program directors.

The guide explores five topics identified at the workshop as central to women's programs. The Forum speakers reported on specific recommendations made in each:

- *Outreach* cannot be limited to casefinding. It must include extensive education to change stereotypic attitudes toward the female alcoholic too often held by health professionals, family and friends, and the alcoholic herself.
- *Treatment* cannot be limited to recovery from alcoholism. It also must seek to restore a client's self-esteem by emphasizing behaviors appropriate for a healthy person of any sex: assertiveness, vocational development, and communication and coping skills.
- *Aftercare* is more than merely providing ongoing support for gains made in treatment. Such gains may create further stresses for clients if family and friends respond negatively to changes. Thus, aftercare must include extensive crisis support, ongoing therapy in some cases, and educational work to help create viable community support systems.
- *Community Involvement* for women's alcoholism programs becomes a vehicle for many things: marketing and fundraising, gaining credibility as a woman-run organization, and dispelling myths and fears about women's programs.
- *Research and Evaluation*—specifically, treatment outcome measures—must look beyond abstinence from alcohol to other pertinent issues in the client's life, such as her employment status (or economic self-sufficiency), her personal relationships, and her management of home and family.

Other Institute staff participating in the Forum included John Noble, Director, Division of Alcoholism Service Development, who presented information on "NIAAA Services and Products," and Susan Maloney, Division of Prevention, who spoke on the Institute's 1982 Alcohol Abuse Prevention Campaign targeted at women and youth.

In addition, Drs. Ralph Ryback and Michael Eckhardt, NIAAA Laboratory of Clinical Studies, described their work on a method for early identification of alcohol problems using routine blood chemistries.

At a concurrent Medical-Scientific Conference, entitled "Progress in Alcoholism Research and Treatment," Dr. Beatrice Rouse, NIAAA Visiting Scientist, gave a seminar on "Spouse Agreement and Indices of Family Difficulties."

—K. C., ADAMHA

CAMPAIGN

from page 1

He commended NIAAA and ADAMHA staff and "the many concerned persons—health professionals, volunteers, private citizens, and business and industrial leaders who have contributed to the campaign against the abuse of alcohol."

Among the organizations invited to attend the showing were the National Council on Alcoholism, National Association of State Drug Abuse and Alcohol Directors, Parent Teachers' Association, YMCA, YWCA, American Red Cross, U.S. Brewers Association, Distilled Spirits Council of the U.S., Salvation Army, Association of Jr. Leagues, AFL-CIO, and 4-H Club.

"The target groups for the campaign—women and youth—are those for whom we have increasing concern due to special risks associated with their alcohol use," Brandt said.

Some 8,000 adolescents and young adults are killed and 40,000 injured each year in alcohol-related automobile accidents. Drinking among young women appears to be increasing, and women of childbearing age face possible development of the fetal alcohol syndrome in their children.

The $1.5 million campaign, under development for nearly 2 years, began last month when materials were provided to State Alcoholism Authorities and local chapters of participating national organizations for use by the mass media at the local level.

Dr. William Mayer, ADAMHA Administrator, said the campaign was designed as a joint venture on the rationale that mass media messages must be bolstered by community action to succeed in influencing behavior. Past experience and studies also have shown that the gap between public awareness of a problem and desirable changes in behavior call for careful evaluation and followup.

Mayer added that an important Federal role is to document the effect of the effort. "We can measure the level of knowledge, but we are continually attempting to refine ways to study whether we can truly impact upon behavior."

Dr. Joyce Brothers, well-known psychologist and honorary spokesperson for the campaign, cited NIAAA figures on the use of alcohol among women and young people: an estimated 7 percent of women are heavy drinkers; 24 percent of the Nation's problem drinkers are women; an estimated 34 percent of teenagers have had their first drink before age 14; between 40 and 60 percent of all fatal auto crashes with a young driver are alcohol-related, with auto accidents a leading cause of early death.

"In the 1982 campaign," she said, "we are trying to head off problems before they occur. We are not trying to make judgments about alcohol use. We simply want women and young people who are drinkers not to hurt themselves or others by using alcohol."

Loran Archer, Acting NIAAA Director, described State and local activities. "In many States," he said, "campaigns were launched with celebrities including Mayors, Governors, and athletes . . . Dallas Cowboys Head Coach Tom Landry launched the Texas campaign; Clemson Coach Dan Ford worked in South Carolina. Mayor William Green launched Philadelphia's campaign with an Alcohol Awareness Week, and . . . Mayor Barry is a key participant in D.C.'s campaign."

He cited several States whose Governors "have given the campaign tremendous support." These include Indiana, Iowa, Maine, Missouri, Rhode Island, Pennsylvania, Tennessee, and Maryland.

> ***"We simply want women and young people who are drinkers not to hurt themselves or others by using alcohol."***

The State of Massachusetts arranged to have a plane fly over the Boston Marathon last month carrying the message, "Don't let a friend drive drunk."

"We also have seen support from the corporate community," Archer said. In Missouri, the McDonnell-Douglas Corporation donated funds to develop local prevention activities. Anheuser-Busch Breweries is circulating campaign information to its distributors. The Oregon Restaurant and Beverage Association is providing 40,000 reprints of an NIAAA publication, "Talking to Your Teenager About Drinking." The American Red Cross and B'nai B'rith plan to use the campaign materials throughout their chapters. PTAs around the country also will participate.

"The American Women in Radio and Television have been extremely helpful," Archer said. The National Association of Broadcasters has agreed to put out information to radio and TV stations throughout the country."

The NIAAA campaign is only one of several to aim at preventing alcohol abuse and alcoholism, Archer said. "The National Council on Alcoholism, the largest voluntary association in the alcoholism field, will be starting its own campaign this summer. The Will Rodgers Foundation has produced messages to teach the young to say 'no.'

> ***"In the 1982 campaign, we are trying to head off problems before they occur."***

"The Beverage Alcohol Information Council, has produced spots aimed at preventing drunk driving and magazine ads that say, 'And remember, use good judgment when you drink. You'll enjoy it more.' The Alcohol and Drug Problems Association has begun school prevention programs.

NIAAA's Susan Maloney, who was project director of the agency's media contract campaign, displayed the TV spots and discussed the rationale for their development.

—M.K.L., ADAMHA

CHINA

from page 2

Chinese medications or acupuncture are administered to only 5-10 percent of the mentally ill, and they are usually combined with psychotropic drugs.

Zhang said that in Chinese psychiatric practice, most psychotic patients are schizophrenic. "Much of what the Chinese diagnose as schizophrenia, we would diagnose differently," Wyatt had pointed out.

Zhang further observed that in Chinese hospitals, antipsychotic drugs are used more frequently than antidepressants or anti-anxiety drugs with schizophrenic patients. Electroconvulsive therapy and insulin coma therapy are used in combination with drugs, the former in 12-20 percent of patients, the latter in 4-5 percent. When comparing drug dosages in the two countries, the Chinese dosages always are smaller, with the exception of lithium.

> ***"Much of what we would diagnose as schizophrenia the Chinese would diagnose differently."***

Small mental health care units have been set up in China's large factories, reported Dr. Nancy Wexler of the National Institute of Neurological and Communicative Disease and Stroke. The mentally ill work in "sheltered workshops" where they can be and therefore feel, useful, even at menial and boring tasks.

--Myrle Kahn, NIMH

Conference Set On Schizophrenia Among Elderly

"Schizophrenia, Paranoia, and Schizophreniform Disorders in Later Life" is the title of a 2-day meeting that will take place on June 7-8 at the Masur Auditorium, NIH Clinical Center, Bethesda, Md.

Cosponsored by the NIMH Center for the Studies of the Mental Health of the Aging and the NIMH Center for Studies of Schizophrenia, the meeting will feature presentations by experts in the field on such topics as diagnosis, classification, epidemiology, longitudinal considerations, social adaptation, biological, psychological, and cognitive functioning.

For further information, call Dr. Nancy Miller, Center on Aging, at (301) 443-1185.

COST

from page 1

was Commissioner, held that States are reluctant to fund community care because they see themselves as being saddled with two care systems—institutional and community—and do not expect to solve the issue with just a reallocation of funds.

He appealed to the Federal Government to take a greater leadership role in "helping States extricate themselves from this bind." He suggested that Medicaid and Medicare be used to help gear financial incentives towards community care of patients.

Cost consideration issues in relation to types of treatment were presented in another session. Speakers included Dr. John Gunderson, Harvard Medical School; Dr. Richard Wyatt, NIMH; Dr. John Strauss, Yale University; and Dr. Martin Orne, University of Pennsylvania.

Psychosocial treatments drew the most discussion. Orne addressed the field's attempts to document the effectiveness of psychotherapy.

"There are several studies which show that psychotherapy is a successful treatment," he said, "but exactly how therapy works is unknown. We must isolate the vital ingredients of how psychotherapy works . . . ."

Orne also pointed out that efficacy of treatments for many physical illnesses are even less well-documented than psychotherapy. "We don't withhold reimbursement from doctors who treat the common cold, backaches, allergies, and arthritis—all diseases with a rather uneven record of proven methods of treatment," he said. In fact, he remarked, a dermatologist once admitted to him that the most effective cure for acne probably was the patient's 21st birthday.

Orne told his colleagues that "in order for third parties to continue reimbursing mental health services at a decent level, a distinction must be made between psychotherapy for medical problems—depression, phobias, schizophrenia, or other illnesses that cause incapacitation or pain—and psychotherapy for emotional growth or boredom.

"Third-party reimbursement is appropriate for medical problems, but not for emotional growth," he contended.

During an intense discussion about the applicability of scientific methodology to psychotherapy, one member of the audience observed that "sometimes there is an inverse relationship between what is really important and what is easily measurable."

Another panel session focused on types of treatment providers and insurance coverage for their various types of interventions. Dr. Charles Keisler, Professor and Chairman, Department of Psychology, Carnegie-Mellon University, pointed out that if therapists limited their treatment to 50-minute hours, 3 times a week, they could meet only 2 percent of the Nation's total service delivery need. "We must consider reimbursement issues from the standpoint of need rather than treatment, and broaden coverage to other methodologies," he said.

He noted that many medical insurance plans provide more incentives for inpatient care even though it costs more and may be neither as good nor as appropriate as outpatient care in many circumstances.

Dr. Zebulon Taintor (left) and Dr. Steven Sharfstein, both of NIMH, at Cost Considerations Conference.

Third-party payments also predetermine diagnosis and influence the type of treatment sought, held Dr. Sylvia Lee, Assistant Professor of Social Work, Catholic University. Practitioners use inappropriate diagnostic labels for patients in order to obtain coverage, and patients may choose individual therapies because they are covered when, in fact, their problems may best be addressed within social settings, she said.

But it is the great number of mental health diagnoses and treatments that have contributed to the recent cutbacks in coverage, countered Dr. William Guillette, Assistant Vice President and Medical Director, Claims Department, Aetna Life and Casualty Insurance Company. He read off more than a dozen kinds of therapy listed on insurance forms.

"Insurance was meant to pay for the sick and not the discontented," he held. Individuals diagnosed as schizophrenic or paranoic are not using the bulk of the reimbursement funds, he reported. Neurotics are using 50 percent, with anxiety a favorite diagnosis.

Dr. Allan Beigel, Professor of Psychiatry, University of Arizona, and Director, Southern Arizona CMHC, agreed that increases in the number of individuals eligible for coverage and seeking treatment, and increases in service costs, have contributed to the "present crisis."

"Unfortunately," Beigel said, "only one oversimplified and tragic approach has been put forth to deal with these increases—reduce benefits." The result will be discrimination against certain segments of the population who will receive less care when they may need more, he added.

He called for fairer coverage based on reconsideration of "who provides what to whom, where, and at what cost." Among the issues he raised was practitioner supply. Noting oversupply in some fields while specific needs remain unmet, he suggested a moratorium on efforts to increase supply, with emphasis on retraining those already in the preventive health field for best utilization.

If Beigel's suggestion were to be implemented, many mental health workers might retrain as psychiatric nurses who are in short supply, replied Ruth Lewis, Psychiatric Nursing Consultant, Missouri Department of Mental Health. Because of cutbacks in training programs and higher educational requirements, the number of nurses is decreasing, she noted.

From his perspective as an insurance carrier, Guillette pointed out that despite the complex issues and problems involved, 10 carriers are insuring some types of psychiatric care, which shows they recognize the scientific basis for the treatment of mental illnesses.

> ***"Insurance was meant to pay for the sick and not the discontented."***

Dr. Alexander Rodriguez of the CHAMPUS health benefits program, Department of Defense, called on NIMH to play a "broker's" role and convene mental health consensus groups to help guide third-party payors in covering mental health care costs.

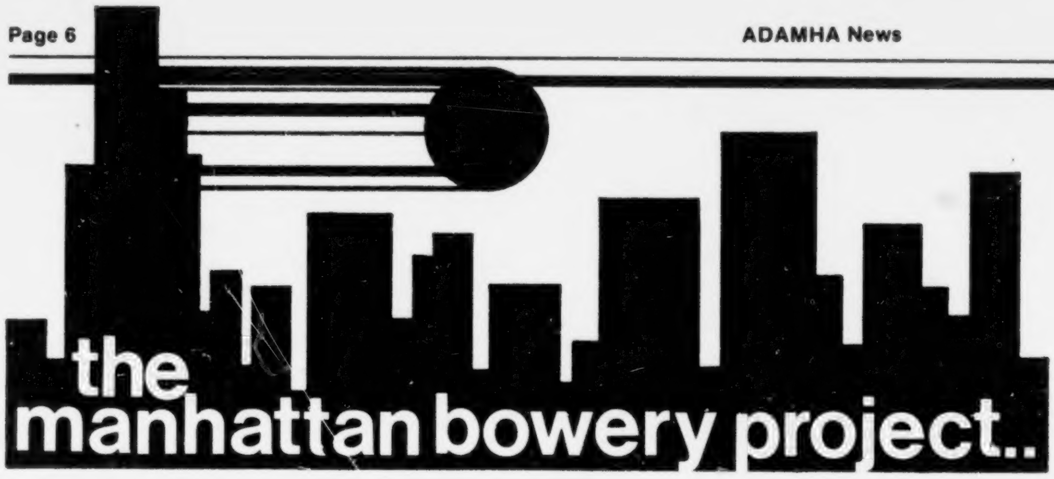
Others called for further research on treatments related to efficacy, offset of other medical costs, and studies leading to greater specificity of what treatment, for precisely which condition, and by which type of mental health care provider.

Dr. Zebulon Taintor, Chair of NIMH's Cost Benefits Workgroup, organized the conference.

Dr. Herbert Pardes, NIMH Director (left) with Thomas Vischi, ADAMHA.

CORRECTION

An article entitled "NIDA Honors Three Pacesetters' " in the May 7 ADAMHA News (Vol. VII, No. 8) incorrectly identified Monsignor William O'Brien as the director of Phoenix House. O'Brien is the director of Daytop Village in New York.



MANHATTAN BOWERY PROJECT MARKS 15TH YEAR

The Manhattan Bowery Project (MBP) has been working for 15 years to reduce the human and social costs of public intoxication in New York City's skid row area.

Skid row traditionally has been home to thousands who spend their days drinking and panhandling, living in flophouses, and relying on social services for food. In an attempt to reduce the burden on city jails and the police force, and to offer more humane treatment, a central facility with 12 beds was set up in 1967 to provide shelter and detoxification services.

"It was the first program to offer treatment to public inebriates as an alternative to jail," said Edward Geffner, MBP director.

With funding from local, State, and Federal sources, including NIAAA, the original facility has grown into a 48-bed medical detoxification unit. A social detoxification unit has been added, along with residential programs that provide housing and employment opportunities.

MBP cooperates closely with the New York City Police Department, which provides seven "rescue teams," each consisting of a police officer and a civilian aide; these patrol the streets in unmarked cars looking for public inebriates and homeless people. Public intoxification was decriminalized in New York State in 1976, and Geffner believes this was due largely to the success of the rescue teams.

The teams assess each person's condition and drop him or her off at one of the MBP facilities, at a general hospital, or at another alcoholism program. They also remove public inebriates from doorways and unsafe places such as intersections, take them to their homes, and resolve disputes.

MBP's inpatient detoxification unit provides 24-hour care for acute withdrawal and treatment for other related illnesses. Patients are detoxified with medication under a physician's supervision. Counseling and referral services help patients to understand their conditions better and encourage them to continue rehabilitation. The average inpatient stay is 5 days.

MBP's outpatient department opened in 1970 to supplement the detoxification facility. Psychiatric services, alcoholism education, and vocational counseling and placement are part of outpatient care. Clients must visit the clinic daily for disulfiram and vitamin supplements, and they must attend one individual and one group counseling session weekly.

In 1977, MBP opened the West Side Social Setting Alcoholism Treatment Center with funds from NIAAA and the New York State Department of Mental Hygiene. The 40-bed unit, which provides nonmedical detoxification, was the first of its kind in the eastern United States.

According to MBP staff, drugfree withdrawal decreases the risk of physical addiction to other drugs and lowers costs while providing a safe, warm environment. Patients attend Alcoholics Anonymous (AA) meetings, and counseling sessions that focus on the need for treatment.

MBP's Project Renewal is a unique yearlong job training and placement component started in 1970. Clients live in halfway houses while employed in public jobs. They rotate responsibilities for cleaning, cooking, and shopping, and they participate in house meetings and therapeutic activities.

"We contract with businesses to do street cleaning, light construction, repairs in apartments and homes, and work on parks and playlots," Geffner said. Residents also can learn skills and get jobs in carpentry, masonry, electrical repair, plumbing, and other trades.

Some MBP graduates eventually become counselors, rescue aides, medical aides, clerks, custodians, and cooks for the project. Others seek private sector employment.

MBP also supports two 6-month transitional residency programs. In each program, clients live together on one floor of a hotel and share household tasks. They are encouraged to participate in various community events. Therapeutic activities include daily meetings, vocational rehabilitation, disulfiram therapy, and a recreational program.

Geffner estimates that, of those who take part in the Bowery program, "maybe 5 percent stay sober" without relapse. However, he feels that even brief periods of sobriety are important for improving physical health—especially considering that many of these persons have been chronic alcoholics for most of their lives.

—NIAAA Information and Feature Service

Former Clients Help Support Florida Alcohol Rehabilitation.

The Comprehensive Alcoholism Rehabilitation Program (CARP) of West Palm Beach, Fla., stands out among public inebriate programs in that it has collected more than $150,000 annually in donations from former clients and $60,000 in donated serices and supplies to help defray costs.

"We instill a sense of pride and dignity in people and don't treat them as hopeless charity cases," says CARP Executive director Robert Bozzone. "We don't allow them to feed off the system."

As he explais it, the program accomplishes this by telling clients immediately after detoxification what it will cost to help them return to society as functioning members who have a job and can maintain themselves. Clients also are assured that the program is willing to invest in them, but only if they are willing to help the program invest in others when they attain self-sufficiency.

CARP was started in 1968 by a recovering alcoholic who borrowed $300 to convert an old storefront in the downtown area into a room-and-board facility for public inebriates. Today, 13 CARP programs are housed in 10 separate buildings.

"Our goal is to develop a comprehensive service delivery system that provides a continuum of care for the public inebriate," Bozzone says. "We want the same quality and quantity of services that exist for everyone else."

The program serves diverse ethnic and social groups throughout Palm Beach County. Clients are referred by the police, the sheriff's office, the criminal justice system, family, and friends; many enter the program as self-referrals and walk-ins.

The first stage of the program is a crisis stabilization uit where clients are assessed. Some need medical detoxification, and others need mental health services, in addition to alcohol and/or drug abuse treatment.

CARP's 36-bed detoxification center, staffed by medical professionals, is the largest and most comprehensive in the county, according to Bozzone. After they are detoxified, patients spend 1 week in a special 14-bed unit where they are given psychiatric assessment and their alcohol and psychosocial histories are recorded. A comprehensive service delivery plan is developed there for each patient.

The program has several treatment options:

- A 6- to 8-week coed residential program provides group, family, and individual therapy as well as educational and recreational activities. Patients attend Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.
- A 20-bed intermediate residential facility, or halfway house, emphasizes employment and vocational skills to help clients return to the community. Residents stay there 1 to 3 months and continue to attend AA and NA Meetings.

See CARP (P. 8, Col. 2)

TV

from page 1

may come to accept violence as normal behavior." This was found to be true for girls as well as boys and for all ages of children. Adults are susceptible as well to the sway of TV violence. The report notes that people who watch a lot of television are more apt than light viewers to see the world as a "mean and scary" place and to put less trust in others.

The report also suggests that television has the potential to be a positive social agent: "[The] evidence is persuasive—children can learn to be altruistic, friendly, and self-controlled by looking at television programs depicting such behavior patterns."

It recommends that parents mediate children's TV viewing by watching and discussing programs together; this can prevent negative influences and actually may enhance children's growth capabilities.

It goes on to say that television has a "therapeutic potential" which might be exploited to help chronically mentally ill and elderly patients in institutions and emotionally disturbed children. In addition, the report describes successful TV campaigns on health issues ("against drug abuse and smoking, for seat-belt wearing"); these are seen as evidence of television's vast health-promoting possibilities.

But in general, television seems to be doing a rather poor job [of health promotion] . . . television stories and portrayals may be contributing to lifestyles and habits that are not conducive to good health." A disproportionate number of commercials for sweet and snack foods foster poor nutritional habits. Alcohol consumption "is common" and "is condoned." People often drive in cars but almost never wear seat belts.

Television's bearing on educational levels also was addressed. The report found that television viewing and education among adults "are inversely related: the less schooling, the more television viewing." Children with low IQs watch television more than others, but "it is not known if heavy viewing lowers IQ scores or if those with low IQs choose to watch more television."

> ***"The 1972 report drew on 300 studies . . . the new report covered more than 2,500 studies."***

The report was based on findings of 24 state-of-knowledge reviews commissioned by NIMH from "24 of the most knowledgeable researchers available."

"This massive research effort was undertaken in this country and abroad under the sponsorship of a wide variety of research and funding organizations," stated NIMH Director Herbert Pardes in his foreword to the report. A group of seven consultants shepherded the report under the direction of Dr. David Pearl, Chief, NIMH Behavioral Sciences Research Branch. The consultants were:

- Dr. Steven Chaffee, Stanford University
- Dr. George Gerbner, University of Pennsylvania
- Dr. Beatrix Hamburg, Harvard Medical School
- Dr. Chester Pierce, Harvard Medical School
- Dr. Eli Rubinstein, University of North Carolina
- Dr. Alberta Siegel, Stanford University School of Medicine
- Dr. Jerome Singer, Yale University

Nearly 90 percent of all research on TV and behavior has been conducted within the past 10 years. The 1972 report drew on 300 studies completed before 1970; the new report covered more than 2,500 studies done between 1970 and 1980, including longitudinal studies, crosscultural studies, and short-term studies.

According to Pearl, the 1970-1980 research overwhelmingly supported the causal link between TV violence and aggressive behavior. A notable exception is a panel study by researchers at the National Broadcasting Company, which "found no evidence for a long-term enduring relation between viewing violent television programs and aggressive behavior."

NIMH, a long-time source of support for research in this area, continues to fund a small number of studies on television's effects on behavior, emotional disturbances, and learning.

The summary report (Volume I) of "Television and Behavior" may be purchased for $5.00 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. (Order by title and Stock No. 017-024-01129-1.) Volume II, which presents edited versions of the 24 review papers, is in press.

—K.C., ADAMHA

NIMH SPONSORS FORUM ON VIOLENCE AND PREJUDICE IN COMMUNITY

Racist and anti-Semitic activity is on the rise in Montgomery County, Md., as it is in the rest of the country, held Joan Weiss, Coordinator, Montgomery County Human Relations Commission, at a recent lunch hour meeting in the Parklawn Building.

Weiss spoke about "Violence and Antisocial Behavior in the Community" at the invitation of the NIMH Center for Studies of Minority Group Mental Health.

In introducing Weiss, Dr. Freda Cheung, Minority Center psychologist, said, "We at NIMH are concerned about the implications of increasing antisocial activities directed at minorities because we know the serious mental health consequences to the victims of such activities. It is important that we keep informed and educate others about the perniciousness of this phenomenon."

In Montgomery County, an area known for its highly educated, economically well-off, and politically liberal population, reported anti-Semitic and racist acts have risen from 25 in 1980 to 98 in 1981. During the same period, the B'nai B'rith has reported an increase in anti-Semitic incidents throughout the United States from 377 to 974, and the Justice Department has reported a 550 percent increase in Klu Klux Klan activity during the past 3 years, said Weiss.

In Montgomery County, said to have one of the best reporting systems in the Nation, two major categories of perpetrators are identified as extremist group members and (a new phenomenon) juveniles not associated with extremist groups but imitative of extremist behavior.

While membership in extremist groups is small, said Weiss, their impact is significant. They instill fear, create an atmosphere of hate and suspicion, and provide models for antisocial activity. Card-carrying Klan membership is estimated at only 100 in the County and from 10,000 to 12,000 nationwide, but an estimated 10 percent of the U.S. population is thought to be sympathetic to the Klan, she said.

In fact, many prominent and wealthy individuals who are "too smart to join" contribute large sums of money and other forms of support to the Klan, said Weiss. For instance, a Frederick County farmer, who claims he is not a member, has permitted Klan rallies on his property, which borders on Montgomery County.

Covert sympathy or lack of outcry against the Klan gives the appearance of condoning Klan behavior and encourages the increase of antisocial activities by extremist groups and their imitators, said Weiss. Klan recruitment spread from 22 States in 1979 to 30 States in 1980.

Increased racism and anti-Semitism historically is associated with poor economic conditions or major social change. During periods of economic or social stress, people look for someone to blame, and Jews and blacks have been traditional scapegoats, Weiss pointed out. The current rise in overt racism and anti-Semitism, she believes, is a backlash against social changes brought about during the 1960s by the activism of civil, women's, and gay rights groups, a backlash further aggravated by a faltering economy.

See RACISM (P. 8, Col. 1)

RACISM

from page 7

Weiss spoke about psychological effects on victims of such harrassments as cross-burning and swastika-painting. Victims feel violated, angry, and threatened. "Can you imagine the feelings of a concentration camp survivor who sees a swastika in his or her neighborhood?" she asked.

Although most incidents do not present immediate or real danger, said Weiss, victims' reactions can be severe and long-lasting, sometimes bordering on paranoia. To help overcome their fears and suspicions, a support group offering reassurance to victims, called Network of Neighbors, was organized in Montgomery County in 1977.

A slide show was presented by Jim True of the Metro Washington Anti-Klan Network, an affiliate of the National Anti-Klan Network. It depicted the history of the Klan and the Nazi Party, the tragic loss of lives, and this country's poor record of bringing the murderers of blacks and civil rights workers to justice.

Such violence could not happen without the complicity of society, Weiss pointed out. To combat hate-mongering and scapegoating, community leaders must speak out, legislation must be enacted to ensure civil rights, and young people must be educated about hate-group activities and their dangers, she declared.

—Marilyn Sargent, NIMH

"CARP"

from page 6

- A 10-bed extended minimal residential program, or ¾-way house, is run by clients who live in the facility for 1 to 3 months.
- An outpatient program provides various forms of therapy for persons who do not require residency.

Program completion usually takes 1 year to 18 months—longer than many traditional alcoholism treatment programs, Bozzone says, because CARP clients typically have more difficulities. "We're working with the late, chronic public inebriates, those who have lost just about everything. We're starting with a totally dysfunctional population."

Nevertheless, he reports, the program has achieved a 40-percent recovery rate, based on 1 year of abstinence from time of discharge.

Clients who find jobs usually pay approximately $60 in room and board and $10 to $20 monthly on their back bill. Outpatient treatment is based on a sliding scale with a $3-per-session minimum payment.

"There's little resistance to paying and almost a sense of pride," Bozzone notes. Although clinicians initially felt bad about asking people to pay, they changed their minds when clients told them how payment bolstered their self-respect, he reports.

Nearly $60,000 in supplies and services have been donated by program participants and graduates; the remainder of CARP's $1.85 million budget has coe from NIAAA and State and county funds. The halfway-houses are self-supporting.

Collection of some client payments is aided by the program financial department, which assists clients with money matters, such as pensions, benefits, and establishing bank accounts. In many cases, clients are able to receive money they never knew they were entitled to get, Bozzone reports.

—NIAAA Information and Feature Service

Open Season for Health Benefits Begins

The open season for Federal employee health benefits is May 3-May 28.

During open season, any eligible employee who is not currently registered may enroll. At the same time, any enrolled employee may change from one plan or option to another and/or from self only to self and family (or reverse).

Employees who do not wish to change their current status simply take no action.

Four types of plans are available under the Federal Employee Health Benefits Program:

- *The Service Benefit Plan* (administered by Blue Cross and Blue Shield) provides benefits through direct payments to doctors and hospitals.
- *The Indemnity Benefit Plan* (administered by Aetna Life) provides cash reimbursement to you, or, at your option, directly to doctors and hospitals.
- *Employee Organization Plans* are indemnity-type plans sponsored by various organizations.
- *Comprehensive Medical Plans*—otherwise known as *Health Maintenance Organizations*—deliver local health care services in addition to providing coverage.

Many plans have changed the cost of their premiums and/or the terms of their benefits since the last open season in November 1980. To acquaint employees with updated plans, the ADAMHA Division of Personnel Management (DPM) is distributing two information booklets.

The first booklet, the "Enrollment Information and Plan Comparison Chart" (BRI 41-331), contains enrollment instructions and a comparison chart of the major benefits of all plans. The second booklet, "1982 Biweekly Withholding Rates" (BRI-41-412), contains a list of premium rates for all plans.

DPM also will provide specific brochures on each plan to interested employees; these will be available for inspection in all agency Administrative Offices. In addition, DPM is acquiring limited reference copies of the Washington Consumers' "Checkbook" guide to Federal health benefit plans.

If you wish to enroll in or change to a new plan, you must fill out a Health Benefits Registration Form (Standard Form 2809), available from Administrative Offices. These must be completed and submitted to DPM, Parklawn 15C-04, by May 28.

New enrollments and changes in current enrollments will become effective July 11. Until then, employees will be covered by their present health benefits plans.

Blood Pressure Tests Now Available For Employees

May has been designated National High Blood Pressure Testing Month; in observance, the Parklawn Health Unit is offering free blood pressure tests to all employees. The tests only take minutes and can help prevent serious illness through early detection of high blood pressure. For further information about this test or any other health screening service (e.g., diabetes or glaucoma tests) offered by the Health Unit, contact Mrs. Coleman at 443-1238.

St. E's Art Exhibit Is on Display This Month

It's not too late to attend the Spring 1982 showing of works by Saint Elizabeths artists. The exhibit features paintings, sculpture, and other pieces created by patients in art therapy sessions at the Hospital. The works are on display until June 3 in the lobby of the Hubert A. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C.

8/10

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

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Q&A

ANOTHER LOOK AT TV AND BEHAVIOR

The recent release of an NIMH report Television and Behavior: Ten Years of Scientific Progress and Implications for the Eighties, *re-awakened wide interest in a subject that has been controversial since a 1970 report by the Surgeon General found correlations between television viewing and aggressive behavior.*

Dr. David Pearl, Project Director for the report and Chief, NIMH Behavioral Sciences Research Branch, discusses the range of findings reported.

Q: Did the new report draw wide press attention?

A: It certainly did. It was featured on national TV, local radio shows, and in the press. Unfortunately, most media coverage emphasized just one aspect of the report—the finding of a causal relationship between televised violence and aggression, particularly in young children and heavy viewers. In fact, the report was much broader in scope.

Q: Why do you believe the media focused on violence?

A: One reason may be that the report is an update of the Surgeon's General's Report on TV and Violence issued 10 years ago, which first reported the impact of TV violence on children. Because of the interest and controversy surrounding the original report, we asked leading researchers in the field to review subsequent studies, including those on TV's effect on behaviors other than aggression.

See TV (P. 4, Col 1)

INSIDE . . .

Drug Found That Aids Acupuncture 3

NIMH To Assist Holocaust Memorial 5

U.S. Department of Health and Human Services
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NIMH to Fund Prevention Centers

How can mental health caregivers best apply available research knowledge to preventing mental or emotional illness in individuals known to be at high risk, including such vulnerable persons as children of psychotic parents, the recently bereaved, and people undergoing acutely stressful life crises or transitions?

What kinds of interventions can be built from research knowledge to help forestall even the most serious disorders at their earliest stages?

To seek the answers, NIMH will fund several multidisciplinary Preventive Intervention Research Centers in fiscal year 1983. Each new center will draw upon the existing body of mental health research knowledge to develop specific early intervention approaches for vulnerable populations, then demonstrate their effectiveness as prevention models. Once tested, it is expected the prevention program models will be disseminated, adapted, and further refined by prevention practitioners.

"Because Federal funds to support prevention research in mental health are limited, NIMH has decided to target its activities on development, implementation, evaluation, and dissemination of specific effective intervention models," the grant announcement states.

"The new Preventive Intervention Research Centers will be a key NIMH mechanism for developing and advancing our knowledge on early preventive interventions.

"The basic research knowledge base for early preventive interventions is large and is rooted in diverse sciences and disciplines," the announcement states. "Though [our

See PREVENTION (P. 4, Col 2)

President's Committee on Employment of Handicapped Hears Depression Panel

Bert Yancey, Joan Houghton, Dr. Julius Segal, Raymond Glasscote, and Dr. Frederick Goodwin

The President's Committee on Employment of the Handicapped, usually concerned with stigma and employer prejudice towards hiring the deaf, the blind, and the crippled, added a new disease to their roster of handicaps—major depressive disorders.

At the Committee's annual meeting in April, Dr. Julius Segal, Director, NIMH Division of Scientific and Public Information, organized and chaired a panel discussion titled "Overcoming the Handicaps of Depression."

As the participants in the discussion made hauntingly clear, suffering from depressive disorders is a handicap because of the debilitating effects of the disease and because of others' prejudice.

An equally clear message emphasized by the participants was that, in spite of the adverse effects of depression, they all courageously tackled their disease and in some sense recovered enough to lead very productive lives.

Bert Yancey, a well-known name among

See STIGMA (P. 2, Col. 1)

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STIGMA *from page 1*

golf aficionados, who fought up-and-down episodes of manic-depression for nearly 30 years (and now controls them by taking lithium), reported that he had been hospitalized at least 11 times in psychiatric wards, jailed 3 times, constrained in a strait jacket 4 times, and once thought that Howard Hughes would meet him on the 13th golf hole and ask him to help distribute millions of dollars to cancer victims and researchers.

Throughout this period of time, Yancey was captain of the West Point golf team and won eight tournaments on the PGA tour. He now is a highly respected professional golf teacher in Hilton Head Island, S.C.

Joan Houghton, an NIMH research analyst, described one long bout with depression during her early 30s as "being caught in a downward spiral." She said she had "no feelings beyond grief . . . no anger, no love, no happiness, no fear—not even death frightened me."

A fast-paced lifestyle, a crash diet, lack of sleep, and a series of stressful events—work problems, a divorce, and a near accident in a boat—triggered a psychotic episode and resulted in her involuntary admission to a State mental hospital.

Although her prognosis for recovery was poor, Houghton said, she was determined "not to give up" and left the institution. During her 3-year recovery period, she got a job, and re-entered and completed her master's degree program in psychology. She continues to hold down a full-time job and also is a doctoral student in counseling education.

Raymond Glasscote, former director of the Joint Information Service at the American Psychiatric Association, did not encounter his first bout of depression until age 40 and remarked that stressful events did not account for its onset. Throughout his 40s, he said, the occurrence of a depressive bout—lasting anywhere from weeks to months—would start early in the morning when he spurned the Washington *Post,* which he read faithfully when well.

He refused to see friends or take calls and would not attend cultural events even though he had season tickets. All he wanted to do, Glasscote reported, was lie in bed all day staring at the ceiling.

Unresponsive to lithium or other anti-depressive drugs, he made two suicide attempts before a series of eletroshock treatments ameiliorated the depression. He has not had a depressive episode for the last 5 years, he noted, and has remained productive, publishing numerous articles and books.

All participants agreed that coming "out of the closet" and going public about their mental illness exacted a price.

Houghton initially was refused readmittance to a masters program in psychology after her institutionalization; she only gained acceptance after the Mental Health Law Project took on her case. She also recalled that after confiding in her minister about her bout with depression, he announced from the pulpit that mentally ill people were possessed by the devil.

Glasscote related that, after going public about the therapeutic value of electroshock treatments in a letter to *Harper's Magazine,* he received a deluge of letters denouncing him.

Yancey admitted that the independent status of his career and his continued golf victories made public prejudice less blatant. He has told his current employer about his manic-depression and always has been honest with the media, since coverup remained virtually impossible because mania attacks sometimes occurred during golf tournaments.

He conceded, though, that "the media can be pretty devastating" when describing his altercations with the law.

NIMH received a special award from the Presidents Committee on Employment of the Handicapped for its efforts to fight stigma by stimulating employment of mentally restored people. Committee Chairman Harold Russell (right) presents the award to NIMH Director Pardes at the group's annual banquet.

Commenting on the panel participants' remarks, Dr. Frederick Goodwin, a world authority on depression and NIMH Director of Intramural Research Programs, concurred that "depression and mania are a major handicap."

See STIGMA (P. 3, Col. 1)

President's Committee Chooses Mental Ilness As a Featured Topic

The Medical Committee of the President's Comittee on Employment of the Handicapped chose mental illness as a featured topic of its annual meeting April 28. It was the first time the group focused on mental illness and employability.

Moderated by Dr. Richard Prior, Medical Director for General Motors Corporation, the session featured presentations by six public and private representatives, who agreed that the work potential of the mentally restored is excellent in light of efforts now being made in their behalf.

Two speakers from NIMH—Dr. Zebulon Taintor, Division of Manpower and Training Programs, and Ed Long, Division of Scientific and Public Information—discussed problems of employment for the mentally ill and NIMH activities to alleviate them.

Taintor described the inordinate costs to the Nation of mental illness and discussed some of the advances being made. Long reported on an NIMH project to stimulate employment of the mentally restored in cooperation with private employers, and he cited the psychosocial rehabilitation movement and survey results from a National Restaurant Association study which view the mentally restored in a positive light.

Other speakers included:

Dr. Howard Hess, corporate psychiatrist for the Western Electric Company and the New York Port Authority, who discussed occupational medicine and advances for the mentally restored.

Dr. Basil Scott, Deputy Commissioner of the New York State Office of Vocational Rehabilitation, who stressed the need for continuing support for mentally restored workers after they are placed in a job.

Dr. James Folsom, Director of the New York International Center for the Disabled, who described work by members of a new profession known as "rehabilitation psychiatrist," which can help business and industry in its dealings with the mentally restored.

John Beard, Executive Director of Fountain House in New York City, a psychosocial rehabilitation club, who discussed an 18-month longitudinal study of mentally restored club members, a large percentage of whom have entered the world of full-time employment.

—Ed Long, NIMH

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

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STIGMA

from page 2

Not to be confused with "feeling blue," or the normal grief symptoms following breakups and deaths, or neurosis, clinical or manic-depression will strike one out of every seven Americans sometime during their life, said Goodwin.

"Manic-depression devastates because the disease pervades the whole being," Goodwin reported.

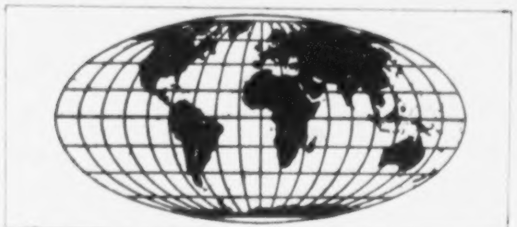
In her closing remarks, Dr. Kay Jameson, director fo the UCLA Affective Disorders Clinic, quoted the words of a manic-depressive patient:

> ***"Depression is awful beyond words or sounds or images — There is nothing good to be said for it."***

"Depression is awful beyond words or sounds or images . . . . There is nothing good to be said for it except that it gives you the experience of how it must be to be old, to be old and sick, to be dying; to be slow of mind, to be lacking in grace, polish, and coordination; to be ugly; and to have no belief in the possibilities of life, the pleasures of sex, the exquisiteness of music, or the ability to make yourself and others laugh.

"God knows I get enraged when others imply that they know what it's like to be depressed just because they've been through a divorce, lost a job, broken up with someone, whatever. At least those experiences carry with them feelings. Depression, instead, is flat, stale, and unprofitable . . . ."

—Judy Folkenberg, NIMH



Costa's Lab Is International

Since Dr. Ermino Costa became Chief of the NIMH Laboratory of Preclinical Pharmacology in 1968, 88 neuroscientists from the following 30 foreign countries have come to work under his guidance: Argentina, Austria, Bulgaria, Canada, China, Czechoslavakia, England, Finland, France, Germany, Greece, Hong Kong, Hungary, India, Israel, Italy, Japan, Lebanon, Mexico, Pakistan, the Phillipines, Poland, Russia, Spain, Sweden, Switzerland, Taiwan, Turkey, West Indies, Yugoslavia.

DRUG FOUND THAT AIDS ACUPUNCTURE

Drs. Tian Tang, Erminio Costa, and Anzhang Zhong

Two Chinese neuroscientists working at NIMH have prolonged the analgesic effects of acupuncture by chemically blocking the metabolic breakdown of a brain opiate.

The study with rats, conducted by Drs. Tian Tang and Anzhang Zhong of the People's Republic of China, is the first to demonstrate a drug enhancement of acupuncture effects, according to Dr. Erminio Costa, Chief, NIMH Laboratory of Preclinical Pharmacology (located at Saint Elizabeths Hospital), where the visiting fellows have been working.

The results of their work add to mounting evidence that the brain's own opiates—the endorphins—are released by acupuncture and play an important role in the effects of this Chinese treatment.

Tang of the Bejing Medical College and Zhong of the first Medical College of Shanghai came to the United States to follow up on earlier Chinese findings that acupuncture triggered release of an endorphin-like substance in rat brain. Dr. H.Y.T. Yang of the NIMH lab had discovered earlier that the drug captopril (used to treat high blood pressure) can inhibit the brain enzyme which breaks down this endorphin-like heptapeptide (Met^5 enkephalin Arg^6 Phe^7)

The two mainland scientists hypothesized that captopril might, by blocking its metabolism, cause the naturally occuring opiate to pool in the brain, thereby aiding acupuncture analgesia.

They injected the drug directly into rat brains and then administered electroacupuncture. The results were dramatic. Pain thresholds increased significantly, and the analgesia was prolonged markedly, lasting the 15 minutes after cessation of the acupuncture. A marked accumulation of the opiate heptapeptide was found in the brains of the experimental animals.

Significantly, injection of the opiate antagonist naloxone immediately reversed the effects of the drug-enhanced electro-acupuncture, suggesting a pivotal role for the endorphin system.

Work is now underway to modify captopril so that it might pass through the blood-brain barrier, said Costa. This may eventually permit use of the drug in humans undergoing acupuncture treatment.

—Jules Asher, NIMH

Costa Elected to National Academy Of Sciences

Dr. Erminio Costa, Chief, NIMH Laboratory of Preclinical Pharmacology, has been elected to membership in the prestigious National Academy of Sciences.

Known for his prolific writings on brain chemistry (he has authored more than 550 articles), the neuropharmocologist is a mentor of hundreds of neuroscientists worldwide.

According to Dr. Norton Neff of NIMH, a long-time research collaborator, Costa is generally credited with demonstrating during the early 1960s the importance of neurotransmitter turnover rates in understanding neuronal function.

More recently, he was among the first to propose that anti-anxiety drugs act by facilitating inhibitory brain mechanisms, and that receptors function as supramolecular entities where transmitters and cotransmitters act to assure synaptic plasticity.

Costa also has served as editor of the journal *Neuropharmacology* for more than 2 decades.

An Italian-born and -trained physician, "Mimo," as he is affectionately called became a naturalized U.S. citizen in 1961 after working 4 years in an Illinois psychiatric research laboratory. Prior to joining NIMH, he served as Deputy Chief and section head of the National Heart Institute's Laboratory of Clinical Pharmacology under Dr. B.B. Brodie (1960-1965), and as associate professor of pharmacology at Columbia University (1965-1968).

Under Costa's leadership, the Preclinical Pharmacology Laboratory—which is located in the Intramural Research Program's Division of Special Mental Health Research at Saint Elizabeths Hospital—has become a training mecca for neuroscientists from every continent.

Membership in the National Academy of Sciences is one of the highest honors a U.S. scientist can attain. Other NIMH members are Drs. Julius Axelrod, Louis Sokoloff, and Edward Evarts.

—Jules Asher, NIMH

TV *from page 1*

Q: Has there been a lot of research in the past decade?

A: Yes. Approximately 2,500 research studies have been published in the literature on many behaviors, including health habits, creativity, imagination, and learning.

Possibly the most important point made in the report, which was largely overlooked by the media, is that because TV has a powerful influence on heavy viewers, it also has the potential to teach prosocial behaviors.

Q: Please explain. How could TV teach health behaviors, for example?

A: A number of studies have shown that media health campaigns which effectively combined information-giving, entertainment, and modeling of healthy behaviors stimulated healthier behaviors in adult viewers.

Another study found that 31 percent of survey respondents cited TV as the prime source of health information. Only doctors and dentists were cited more often, at 45 percent.

Other studies have shown that TV can powerfully influence children's desire for particular foods. There is no doubt that TV could be a potent tool for teaching better eating and living habits.

Q: What other positive effects could TV have?

A: A number of studies show that programs featuring admired actors modeling socially desirable behaviors promote altruistic responses in children.

The bottom line is that program content influences children's behaviors. If they watch individuals being friendly, considerate, and self-controlled, they tend to imitate these behaviors. Similarly, they become more aggressive and less obedient if exposed to violent and aggressive programming. This was found in preschool children, school-aged children, and retarded children.

Also, one study found that adults' moods were affected by program content. Exposure to violence increased feelings of irritability and hostility while prosocial programs reduced such feelings.

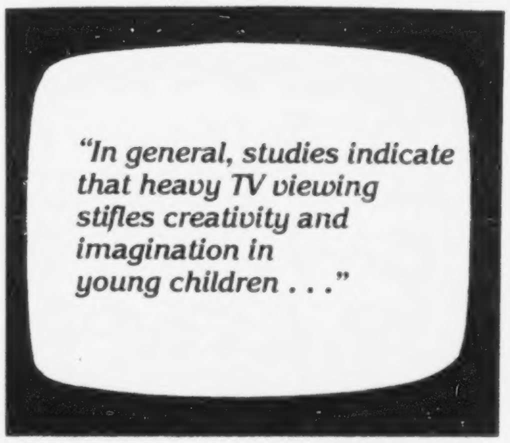
Q: You mentioned imagination and creativity. What are the findings?

A: In general, studies indicate that heavy TV viewing stifles creativity and imagination in young children and decreases time spent reading and creative problem-solving in older children. Also, before age 5, children have difficulty differentiating fantasy from reality, and TV can give them a distorted picture of the world.

But our major concern is the long-term impact on some youngsters. We know that those who watch large amounts of violence are more aggressive and hostile in their interactions with others and there is growing evidence that by age 3 and 4 personality and behavioral styles are well established.

Q: What can parents do to intervene?

A: In addition to monitoring what their children watch, researchers have found that parents can mediate the effects of TV by watching with them, that they can neutralize some of the negative and potentially harmful effects. Parents can do this through their comments and explanations, by answering children's questions, and by helping them differentiate between reality and fantasy. They also can point out possible behaviors and solutions to problems other than those shown on the screen, and emphasize the consequences that certain behaviors and actions may have in the real world.



"In general, studies indicate that heavy TV viewing stifles creativity and imagination in young children . . ."

But studies show that in most families, parents do not exert much control over television viewing. They tend to underestimate the amount of violence their children see and often do not recognize how their children are reponding to it.

Also, many working parents rely on TV as a baby-sitter until they get home, noting that they feel less anxious about their children's safety if they know their children are in the home watching TV.

Q: Considering the strong influence of TV on children and its potential for good, what do you recommend?

A: The issue of how to use TV's influence for good is complex in that questions of freedom of information, program-control, and censorship come into play. Nevertheless, it is essential that we recognize the potential of TV for good as well as for harm. It can be used constructively to decrease racism and aggression in children. It can be used therapeutically to reduce fears and phobias, increase social contact, and provide entertainment and information for hospitalized or homebound sick and elderly. It would be a terrible waste to overlook the prosocial promise of a medium that is already in almost every American home.

—Marilyn Sargent, NIMH

PREVENTION *from page 1*

knowledge is still] far from complete, enough is now known for a variety of preventive intervention efforts to be pursued."

The Special Research Grant Announcement, recently mailed to the field, offers three guidelines to prevention research programs that may be considered for potential funding. The research should be in areas where:

1. A sufficient research knowledge base exists to support an early preventive research effort;

2. Existing research data indicate it is possible to identify population groups not yet experiencing the specific dysfunction, but who are at high risk;

3. A significant potential exists for achieving the main objective of early intervention, which is preventing the occurrence of the specific mental or emotional disorders or maladaptive psychological condition.

A research program may focus either on preventing specific severe psychopathologies or disorders, or on preventing psychological dysfunctions resulting from "debilitating developmental circumstances" or "significant acute transitional life crises or stressful life events."

NIMH expects that approximately $800,000 will be available in fiscal year 1983 for funding up to four Prevention Intervention Research Centers.

Each of the pioneering centers will be required to formulate a multidisciplinary research program around "a specific, clearly defined mental health problem or set of problems of major scientific and public health importance."

These might include prevention of specific childhood disorders, stress in the family, or stress in the workplace. Or, the announcement indicates, a center may choose to focus its attention on the interface between mental health and physical health or between psychological and physical/environmental factors, as related to causing mental illness.

The announcement defines "early preventive intervention" as 1) actions taken while it still is possible to either anticipate or reverse an early pathological/maladaptive process, and 2) interventions occurring at a time prior to the need for treatment and/or rehabilitative services.

"The aim of the preventive intervention research program," the announcement stresses, "is to test empirically the benefits of systematic attempts to modify those factors which lead to specific mental disorders, significant psychological dysfunction and/or emotional disturbance."

As with the NIMH-funded Clinical Research Centers, the new centers will feature an environment of research excellence, in which a cluster of interrelated projects can be conducted around a problem theme. Each center is to have a multidisciplinary research team, and may be located in a clinical, academic, or community setting. It must have sufficient collaborative arrangements with community agencies and professional schools in the area to carry out its preventive intervention research activities.

An important byproduct of each new center will be development of promising scientists to carry out the complex techniques and advanced theories of mental health preventive intervention research. Each center will be required to work with at least two such research "preceptees" annually.

Each center's program also must include a formal plan to disseminate research findings on the early preventive intervention under investigation, as they emerge.

—James Helsing, ADAMHA

NIMH Pledges Cooperation in Development Of Holocaust Memorial Museum

NIMH and the U.S. Holocaust Memorial Council signed a Memorandum of Agreement on April 20 pledging collaboration in the development of a Holocaust Memorial Museum.

The Council was established by an act of Congress in October 1980. The act specified that the planning, construction, and operation of "a permanent living memorial museum to the victims of the holocaust, in cooperation with the Secretary of the Interior and other Federal agencies" would be among the Council's functions. The act also stated that "all Executive Branch departments, agencies, and establishments of the United States may assist the Council in the performance of its functions."

The Holocaust Memorial Museum, located on the Mall in Washington, D.C., will be devoted to remembrance of the atrocities against, and the Nazi extermination of, 6 million Jews and others during World War II. "Other episodes of genocide and mass destruction in human history will be illuminated in order to generalize the lessons learned from the holocaust in such a way that similar happenings will be less likely in the future," said Dr. Walter Reich, Program Director of the NIMH Staff College.

The Council sought the assistance of NIMH through its Staff College, anticipating that significant psychological issues would be raised in presenting materials from and about the holocaust. NIMH will provide guidance on these issues and advice on Council activities in research, formal education, and public education.

Left to right: Robert Agus, Acting Director of the U.S. Holocaust Memorial Council; Elie Wiesel, Council Chairman; Hillel Levine, Council Deputy Director; and Dr. Herbert Pardes, NIMH Director.

The first joint activity will be a workshop in September. Experts in learning, memory, attitude change, and other mental health problems, and experts on children, will be invited to discuss the implications of their specialized areas for planning the museum's exhibits and programs.

The Memorandum of Agreement was signed in the Woodrow Wilson House by author Elie Wiesel, Chairman of the Council, and Dr. Herbert Pardes, NIMH Director. Other events of the "Holocaust Day of Remembrance" included a National Civic Commemoration Ceremony held in the Capitol Rotunda and a meeting with President Reagan at the White House.

NIMH representatives to the Council are Isabel Davidoff and Drs. Larry Silver, Julius Segal, Harold Goldstein, Walter Reich, David Pearl, and John Docherty.

—Myrle Kahn, NIMH

Don Newcombe Visits School To Aid NIAAA Campaign

Former baseball great Don Newcombe, in Washington, D.C. recently to participate in the NIAAA Public Education Campaign Showcase, took time out to speak with students at Richard Montgomery High School in nearby Rockville.

Along with Jackie Robinson and Roy Campanella, Newcombe pioneered the breaking of the "color barrier" in major league baseball, and he currently serves as Director of Community Relations for the world champion Los Angeles Dodgers. But his talk before nearly 200 students did not focus on sports. Instead, he chronicled his personal battle with alcoholism, describing how his life has been almost ruined by alcohol.

"Take it from someone who knows from experience," he said. "I thought I had all the answers, I thought I knew it all, but I almost died."

Don Newcombe meets with students at Richard Montgomery High School in Rockville, Md.

Newcombe emphasized that young people who choose to drink, especially those who drink and drive, are headed for trouble if they continue to ignore the risks involved. As evidence, he cited grisly statistics: motor vehicle accidents are the leading cause of death among young people 15-24 years old; up to 60 percent of all *fatal* crashes with a young driver are alcohol-related; every year, approximately 8,000 young people—more than 20 every day—die in alcohol-related motor vehicle accidents.

"You may all think it's real grown up to drink, but you'll never have the chance to grow up if you kill yourselves by drinking and driving," the former pitcher warned his young audience.

Newcombe spoke at the invitation of the Students Against Drunk Driving (SADD) Committee, which was set up by Montgomery highschoolers to develop programs for educating their peers about the risks of drinking and driving. One week earlier, the students had attended another alcohol abuse assembly featuring a Fairfax, Va. youth who had been in an auto accident that resulted in the death of a young woman.

Newcombe's message appeareed to have hit its mark: many students engaged him in conversation well after the bells had rung for their next class period. One of several teachers who sat in on his presentation described it as "awesome."

Newcombe has traveled widely since 1974 as an NIAAA representative promoting public awareness and understanding of alcohol problems.

—Brenda Hewitt, NIAAA

ROOTS OF AGGRESSION AND ALTRUISM EXPLORED

Are aggressive and altruistic behaviors rooted in genetic makeup, are they biochemically controlled, or can they be learned?

These are among the questions addressed during a 3-day April conference on the biological and environmental origins of aggression and altruism sponsored by the NIMH Laboratory of Developmental Psychology (LDP), the Society for Research in Child Development, and the Foundation for Child Development.

At the interdisciplinary forum, psychologists, ethologists, psychiatrists, and biologists discussed findings from animal and human research, examining the mechanisms underlying affiliative and agonistic behaviors. The main themes were: the role of emotional arousal in aggressive and altruistic acts: the developmental sequences leading to the emergence of these behaviors; their normal and pathological manifestations; and the connections between aggression and altruism.

Dr. Steven Suomi, University of Wisconsin, focused on the emergence of aggression in rhesus monkeys. He said that monkeys must experience a given sequence of events in their development to attain normal behaviors.

At the outset, Suomi reported, good mothering provides the basic security needed to cope with the normal fears monkeys experience when they first encounter other monkeys. When their fears are overcome, they are ready to interact with peers and older monkeys. Such interactions help them learn normal affiliative and aggressive behaviors, he said.

"Good mothering provides the basic security needed to cope with fears."

When monkeys are experimentally deprived of the opportunity to form peer relationships prior to 6 months of age, they almost always grow up to be hyperaggressive, Suomi noted. The longer the durations and the more complete the extent of peer deprivation, the more hyperaggressive the individual monkey will be later in life.

Through observing monkey generations, Suomi discovered strong individual differences in infants' fearfulness. He labeled some monkeys as "laid-back" while others are "uptight." The laid-backs are calm, readily adjustable to change, socially amenable, and explorative, whereas the uptights withdraw from new experiences. The fearful monkey is functionally deprived of peer interactions, which increases the likelihood of excessive or inappropriate aggression later in its development.

The two personality types can be differentiated early in life by biological indicators, said Suomi. When stressed, the uptights have quicker heartbeats, with higher levels of cortisol in the blood and norepinephrine in the cerebrospinal fluid.

Drs. Mark Cummings, Carolyn Zahn-Waxler, and Marian Radke-Yarrow

Since these differences run in families, Suomi plans to "cross-foster" the two lines to see if calm mothers can overcome the genetic predisposition toward overreactivity in uptight infants, or conversely, if genetically-calm infants are made nervous by overreactive mothers. He is developing preventive strategies to minimize behavioral difficulties (including hyperaggression) later in life.

A similar early predisposition to high reactivity was reported by Dr. E. Mark Cummings, who has worked with 2-year-old toddlers in collaboration with Dr. Carolyn Zahn-Waxler, Dr. Ronald Iannotti, and Dr. Marian Radke-Yarrow (all of LDP). In children who were emotionally aroused easily (particularly boys), there were poor attachments to the mother and high levels of aggression toward peers. Emotionally reactive children often were highly altruistic. Cummings suggested that, at this point in development, emotionality may be channeled in positive or negative directions. This signals a critical point for early preventive work.

Dr. Seymour Feshbach, U.C.L.A., reported that the LDP findings matched the results of his own work with preschool children. He and Dr. Norma Feshbach found that highly aggressive preschool children tended to be altruistic. The opposite was true, however, for older, school-age children.

The Feshbachs also traced a relationship between emotional arousability and aggression, particularly in boys. "Possibly overexuberant, acting out, aggressive youngsters are set off by high levels of affective response," he hypothesized.

Dr. John Reid, Oregon Social Learning Center, reported on studies of abusive and non-abusive parents carried out with Drs. Gerald Patterson and Rolf Loeber. "Both children and their parents are involved in escalating the rates of aversive behavior [and] in prolonging disciplinary confrontations that raise the likelihood of injury and abuse," said Reid. His research team has identified successful treatment approaches that teach parents child-management skills; these show parents how to work together with children on setting discipline goals and selecting consequences for infractions.

Dr. Joan Grusec, University of Toronto, described research on learning mechanisms involved in developing volunteerism. She described an effective parental technique for increasing responsible behavior which explicitly attributes the child's good deeds to the child's own motivations: "You did this because you are a helpful person." The same would work to encourage volunteerism.

Many participants who reported on environmental and learning factors in humans gave as much attention to the role of peers in the reciprocal learning process that affects the regulation of altruism and aggression as they gave to the role of parents.

Investigators who discussed sex differences in aggression reported little or no distinctions between males and females, except at the extremes of high aggression, where males are disproportionately represented. Dr. Robert Cairns, University of North Carolina, reported similar levels of aggression in male and female mice throughout the life cycle. One exception, he noted, was lowered aggressive behavior by females during the reproductive stage of their lives.

In aggression . . . little or no distinction [exists] between males and females, except at extremes of high aggression."

Dr. Paul MacLean, NIMH Laboratory of Brian Evolution and Behavior, noted that maternal care, infant distress and attachments, and affiliative and aggressive peer-play behaviors span the evolution of all mammals. These are rooted in the limbic brain, a part of the human brain which dates back to early reptiles, he said. The development of empathy and a sense of responsibility may have emerged from these fundamen-

See ALTRUISM (P. 7, Col. 1)

ALTRUISM *from page 6*

tal behavior systems, he said, and may be linked to the development of the neocortex.

Dr. Philip Gold, NIMH Laboratory of Clinical Science, reviewed studies in humans on biochemical control of aggression. High levels of aggressive behavior have been found in young children suffering from precocious puberty, a condition of premature physical development, he said. Treatments which reduce the abnormal stimulation of hormones associated with the condition reverse both the aggressivity and the physical symptoms.

Dr. Jack Panksepp, Bowling Green University, described his experimental work with a variety of animals, using drugs to study the possible role of brain endorphins in regulating behaviors such as attachment, affiliation, and aggression.

The conference presented an opportunity to integrate knowledge from biological and behavioral disciplines regarding the determinants and interconnections of acts of hurting and helping others. It was organized by Zahn-Waxler and Cummings, LDP scientists, and Radke-Yarrow, LDP Director.

—Marilyn Sargent, NIMH

Course Slated on Family Therapy in Alcohol and Drug Abuse

The NIMH Staff College and NIAAA are cosponsoring an intensive course on "Family Therapy in Alcohol and Drug Abuse" June 13-16 in Chevy Chase, Md.

The course will acquaint mental health clinicians with treatment-related issues stemming from alcohol and drug abuse within a family. The emphasis will be on the alcoholic family and its treatment. However, attention will be paid to the mix of substance abuse because alcohol and drug abuse often are interrelated.

Topics include:

- Concepts and Definitions of Alcoholism and Their Implications for Treatment
- Characteristics of Abusers
- Developmental Life Cycles of the Family
- Children of Alcoholics
- Family Therapy and Substance Abuse
- Intervention and Treatment Strategies

The course will be conducted by Clare Lebling, Assistant Professor of Psychiatry, University of Maryland School of Medicine. Guest lecturers will include Dr. M. Duncan Stanton, Director, Addicts and Family Program, Philadelphia Guild Guidance Clinic, and Dr. Eliot Sorel, Director, Family Studies Center, Psychiatric Institute Foundation, Washington, D.C.

There is no charge for tuition and course materials. Advance preparation is necessary; reading materials will be provided.

For further information, contact Dr. Harold Goldstein, Acting Director, Staff College, at (301) 443-3185.

PARENTS' ROLE STRESSED IN PREVENTING DRUG ABUSE

At a special NIDA presentation in observance of April's National Volunteer Week, Joyce Nalepka, Associate Director of the National Federation of Parents for Drug-Free Youth, told an overflow audience that parents must take a central role in the national effort to prevent drug abuse among children.

"No child is safe from the risk of drug abuse," Nalepka stated. In fact, she said, an estimated 7,200 children in Montgomery County (Md.) alone are regular users of drugs. Two major causes of illicit drug use among youth have been identified: boredom due to a lack of wholesome activities, and parents' lack of knowledge about drug problems and their prevention.

"Know at least as much as your kids do about drugs," Nalepka advised. In particular, she said, parents should learn about the range of drug paraphernalia sold in "head shops" and advertised in such magazines as *High Times*. Parents also must become aware of the potential "danger" of peer pressure. "Fourteen-year-olds do not have the maturity to turn down drugs," she stated. "They need [parents'] help."

The Federation was formed in May 1980 to help parents "get involved" in the fight against drug abuse, Nalepka reported. When a Federation spokesperson appeared on national TV, "we received over 17,000 letters within 3 weeks from parents who wanted information about parents' groups."

In the 2 years since its inception, between 2,000 and 3,000 parent groups have arisen across the country. Their efforts on the legislative front include lobbying against the decriminalization of marijuana and the selling of drug paraphernalia. They also promote the formation of new parent groups and disseminate information about the harmful effects of drugs.

NIDA Associate Director Richard Lindblad, who hosted the April 23 seminar, praised the parents' movement for being "the most important social movement in drug abuse in the last 20 years." He attributed part of the decline in teenage marijuana use over the last 3 years to the efforts of parents' groups.

In closing remarks, Susan Lachter, Director of NIDA's Office of Communications and Public Affairs, described the Institute's contributions to the parents' movement.

Lachter reported that the NIDA Prevention Branch has been providing technical assistance and support to volunteer parent groups. This year, the Branch sponsored a series of parent/family workshops to foster llaboration between parents, State agencies, and health professionals. NIDA-funded State Prevention Coordinators also provide technical expertise to parents.

In addition, she noted, NIDA information materials have served as a catalyst for newly-forming parents' groups. Two widely-used publications are *Parents, Peers, and Pot*, with more than 650,000 copies in circulation since its first printing in August 1979, and "For Parents Only," a film-and-booklet program distributed free of charge.

—Lenore Gelb, NIDA

Joyce Nalepka

new publications

Available from the NIMH Public Inquiries Section, Room 11A-21, 5600 Fishers Lane, Rockville, Md. (301) 443-4513 (single copies only).

- *Special Report on Depression Research*, DHHS Publication No. (ADM) 81-1085. Latest in the NIMH *Science Reports* series, this is a progress report on a heightened understanding of the multiple factors contributing to depression, the varieties of depression, and the many treatments now utilized for specific types of depressed patients. It describes a range of NIMH depression research, now being coordinated by the newly formed Center for Studies of Affective Disorders, which continutes to expand knowledge of these disorders and their treatment.
- *A Network for Caring: The Community Support Program of the National Institute of Mental Health*, DHHS Publication No. (ADM) 81-1063. This is a summary proceedings of four learning community conferences and one conference on manpower and development sponsored by the Institute. It explores the concept that community support programs can be achieved only through the joint efforts of many agencies and individuals.
- *Consultation Liaison Psychiatry: Evaluating Its Effectiveness*, DHHS Publication No. (ADM0 82-1134. This anthology addresses the subject of consultation-liaison programs, which attempt to counter mind-body dualism and promote a unified biopsychosocial model in the interest of better services for patients, teaching physicians, and all members of the health care team.

Coles Speaks on "Families in Crisis" At Overholser Day Ceremonies

A capacity audience of nearly 900 heard Dr. Robert Coles, Harvard University, speak on "Families in Crisis" at Saint Elizabeths Hospital's annual Overholser Day Convocation on April 23.

Coles, a professor of psychiatry and a Pulitzer Prize-winning author, discussed his finding that many children raised in families which suffer adversity and deprivation have a unique advantage: in their own times of trial and hardship, they respond with higher morale and stronger resolution than do children reared in better circumstances.

Cole's lecture was followed by two workshops, "Family Therapy When There Is Psychosis" and "Family Therapy When An Offspring Is A Drug Abuser."

The Convocation has been presented for the past 11 years by the Hospital's Overholser Division of Training to honor Dr. Winfred Overholser, Saint Elizabeths' Superintendent from 1937 to 1962. Each year, the day-long meeting attracts increasing numbers of health professionals, many of whom receive Continuing Education credit for their attendance.

—Don Coyle, St. E's

staff news

Gelb Is ADAMHA's First Woman Champ in Parklawn 'Classic'

Watching the 1979 Parklawn 5-Mile Classic, Lenore Gelb was so impressed by her running co-workers that she went out the next day and jogged for the first time in her life. Three years later, she became the first ADAMHA woman to win the female division of the annual PHS race.

Gelb's Parklawn victory on April 30 caps a string of impressive race performances over the past year. These include: the 12.4-mile Bethesda Chase, where she was the first woman in her age group; the Woods Country (W.Va.) 10-Mile Run, where she was the second woman overall; and the Marine Corps Marathon, a 26.2-mile distance which she covered in 3:27:44.

She also was a member of the "Lightfeet" relay team which set a women's team course record at the 1981 annual NIH Relays.

Gelb's achievements are the fruits of a rigorous training schedule. Every week, she runs 35 miles (and up to 65 miles when training for a marathon), and she works out with weights 3 times a week to strengthen her muscles. She recently began intensive track work to improve her running speed for the 1982 NIH Relays.

The hard work paid off at this year's Parklawn Classic. Under a glaring noontime sun, Gelb ran the hilly 5 miles in a personal-best time of 34:33, placing her 16th overall in the field of 120.

Gelb was challenged early in the race by Pat Bransford, FDA, the 1981 women's champion who came in second. "Pat and I ran neck-and-neck until the midway point," she recalls. After the race, she was especially gratified by "how nice and supportive the other women runners were. They seemed to take as much joy out of it [the win] as I did. That was probably the nicest part of the race."

Gelb, a writer in the NIDA Office of Communications and Public Affairs, also appreciated the "strong support" of her coworkers throughout the institute, many of whom came to the race to cheer her on.

NIDA was well-represented at this year's Classic. Institute runners included Austin Iglehart, who placed eighth in the men's open division; Thomas Glynn, the ninth men's open finisher; former Director Robert DuPont, who comes back every year for the race, Fred Norton; Joel Egertson; Barry Brown; Edgar Adams; Stanley Kusnetz; and John Cousins.

Other ADAMHA runners were: Gary Paisgrove, OA, who finished second in the men's masters division and fifth overall with a time of 31:49.23; Ernest Hurst, NIMH, the third men's masters finisher and sixth overall in 32:09.01; Lyle Bivens, NIMH; John Mullins, OA; Lewis Long, formerly of NIMH; Harold Pincus, NIMH; John Noble, NIAAA; and Paul Wohlford, NIMH.

SAVINGS BONDS MAY GIVE SAVERS NEW BENEFIT

The 1982 ADAMHA Savings Bond Campaign will take place throughout June.

ADAMHA Administrator William Mayer is chairing this year's campaign, assisted by Elmer Schlette, Office of Program Planning and Coordination, named as vice-chairperson.

"The campaign this year takes on greater importance than ever before for every employee interested in saving," Mayer said, "because of a potential for higher earnings on U.S. Savings Bonds."

He explained that the Administration has asked Congress to change the way interest on Savings Bonds is computed. The change would pave the way for a "market-based" variable rate to be paid on Savings Bonds held for at least 5 years. That rate would be 85 percent of the average return on outstanding Treasury marketable securities that mature in 5 years.

Interest rates on Savings Bonds would thus "float" as market rates fluctuate, continuously offering a fair return. In addition, savings would be protected from drastic declines in market rates through a guaranteed minimum return.

HHS Secretary Richard Schweiker has set a 1982 goal of 50 percent or more participation in the campaign by Department employees.

"I enthusiastically support this goal," Mayer said in calling on all ADAMHA employees to join the 1982 drive.

Each agency employee will be contacted within the next few days by a campaign keyperson, who will have more information on the proposed rate change.

In discussing the proposed change recently, Secretary of the Treasury Donald Regan said the new rate structure "will provide needed improvement for the small saver who has been loyally participating in the program, for the nonsaver who needs an incentive to start saving, and for the Nation itself."

8/11

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

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"For the first time, we may have a reasonable understanding of the biochemistry of anxiety"

This observation by Dr. Steven Paul, Chief, NIMH Clinical Neuroscience Branch, captured the essence of discussions at an April conference on benzodiazepines held by the Institute.

"This understanding has enormous implications for the study and prevention of stress-related disorders such as ulcers and heart disease," Paul continued.

The 3-day conference, jointly sponsored by NIMH and Tufts University, gathered scientists from around the world to discuss benzodiazepines, a class of drugs including Valium and Librium.

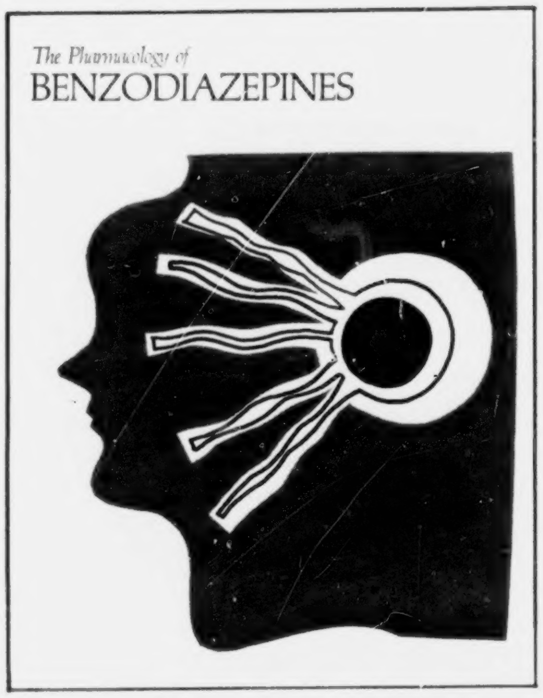
Several years ago, researchers discovered that benzodiazepines work by binding to specific brain receptors, which implicates these receptor sites as mediators of anxiety.

But Valium—and other benzodiazepines of similar composition—not only lessen anxiety but also act as sedatives, as anticonvulsants (prescribed for some epileptics), and as muscle relaxants (often used to ameliorate the pain of whiplash).

These varied effects led scientists to believe that there might be more than one kind of benzodiazepine receptor and to wonder if perhaps other drugs—such as those that increase anxiety—also attach to benzodiazepine receptors.

According to the reports of several scientists at the conference, there seems to be evidence to support these beliefs. The researchers found that among drugs which

See ANXIETY (P. 2, Col. 3)



ALCOHOL IS TOPIC at World Health Assembly

The 1982 World Health Assembly focused on "alcohol consumption and alcohol-related problems" as the subject of its Technical Discussions for the first time in its 35-year history.

Delegates from 157 countries attended the May 7-8 sessions in Geneva to begin a search for effective national strategies to combat alcohol abuse and alcoholism.

"We found a global agreement that alcohol abuse is a growing problem among the nations of the world, and a special problem for developing countries," reports ADAMHA Administrator William Mayer, U.S. delegate to the talks. "We also reached a consensus that no steps to correct alcohol problems can be taken without first considering each country's culture and economy."

The delegates shared an overriding concern about alcohol-related problems in light of the World Health Organization's goal of "Health for All by the Year 2000." If the goal is to be attained, they stated, WHO, its regional offices, and member States must deal with alcohol issues "definitively and positively."

But "the principal preoccupation of most of the countries at the assembly was alcohol and youth," Mayer notes. Since WHO has proclaimed 1984 as the International Year of Youth, the delegates urged that a day or a

See ALCOHOL (P. 2, Col. 2)

THE ADOLPH MEYER LECTURE

THE CONCEPT OF THE FAMILY SEEN AS DEEPLY ROOTED IN HUMAN BRAIN

"In striving to achieve our human potential, we hardly need to look beyond the evolving family to find a reason for being and standards to live by," observed Dr. Paul MacLean recently.

The Chief of NIMH's Laboratory of Brain Evolution and Behavior used a biological perspective to allay some of today's anxieties about the viability of the family at the annual meeting of the American Psychiatric Association held in Toronto in late May.

"It serves as an antedote for pessimistic views about the future of the family if one keeps in mind that the family, as a biological institution, has survived 180 million years," said MacLean, who delivered this year's Adoph Meyer Lecture—APA's most prestigious—on the subject of "Evolutionary Brain Roots of Family, Play, and the Isolation Call."

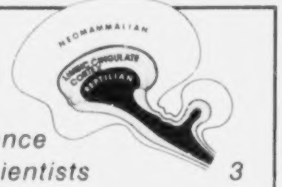
These three distinctly mammalian behaviors—nursing the young, play, and the characteristic cry of the young for mother—most distinguish the transition from reptiles to mammals, according to MacLean. Reptile brains lack a specific formation in the limbic cortex which makes these behaviors possible.

At the same time, the human brain retains distinctive features of three basic formations that reflect an ancestral relationship to reptiles, early mammals, and late mammals. MacLean refers to this as the "triune" brain, or three-brains-in-one.

While today's reptiles represent a different line of evolutionary development than those from which humans evolved, work at the Poolesville lab has shown that lizards manifest some 25 forms of behavior characteristic of mammals.

See FAMILY (P. 3, Col. 1)

INSIDE

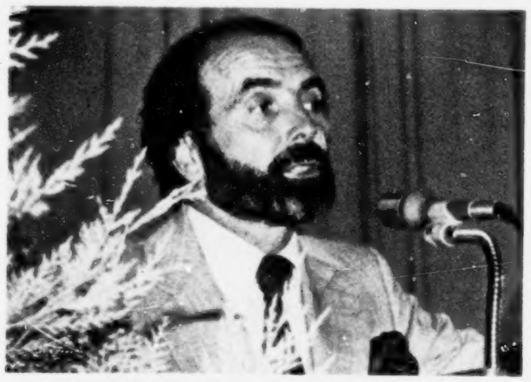


Ancient Intelligence Simulated by Scientists 3

U.S. Department of Health and Human Services
June 18, 1982
Vol. VIII
No. 11

HE 20. 8013:

First in a Series of Learning Exchanges Held at St. E's



Dr. Robert Porter speaks on deinstitutionalization at the Learning Exchange at Saint Elizabeths Hospital.

Deinstitutionalization and its impact on institutional and agency staffs was the subject of the first in a series of Learning Exchanges held at Saint Elizabeths Hospital on May 26.

The session featured an address by Dr. Herbert Pardes, NIMH Director, on "The Dixon-Schweiker Mandate: A Current Perspective." Pardes detailed new research and technical advances, such as the PET scan and mapping of brain activity. He also referred to recent developments in epidemiology and rehabilitation and to stigma, which he characterized as "a pernicious problem, always with us."

Dr. Irvin Rutman, Director of the Matrix Research Institute, one of the series' sponsors, noted especially the concerns of individuals for protecting job status, for the quality of care given in the community, and for the feeling of being "shut off from the decisionmaking process."

Next Dr. Robert Porter, Executive Director of the Association of Mental Health Administrators, discussed staff concern over job loss, which he said is a threat alike to professionals, paraprofessional staff, and staff not involved with patient care. He noted especially the response pattern to the threat—denial, depression, and lowered morale and performance.

The session concluded with a general consensus on the need for an effective mechanism for tracking patients once they are outplaced.

Other sponsors of the series are the NIMH Staff College and the Joint Task Force on Community Education for Mental Health Programs, which includes Saint Elizabeths.

Subsequent sessions of the Learning Exchange series will deal with other aspects of deinstitutionalization, outplacement, and the compliance with the Dixon-Schweiker mandate to provide community care for D.C.'s mentally ill.

The next session, scheduled for June 30 at Martin Luther King Library, Washington, D.C., will feature an address by Dr. John Talbott of the Cornell University Medical College.

ALCOHOL from page 1

week in that year be set aside to focus on alcohol and youth.

A number of delegates suggested adopting an international code to help govern drinking age limits. Others objected, particularly representatives of developing countries, who argued that the relatively short life expectancy of their people forced children to take on adult status. One African delegate assured his colleagues that "in bars in our country, you almost never see a child under 12."

The idea of an international code surfaced again in discussions of alcohol marketing and advertising. Several delegates blamed growing alcohol problems on increased production and promotion of alcoholic beverages. Other cautioned that the economic benefits of alcohol production (in terms of employment and tax revenues) would influence any national policy on alcohol use.

The discussions led to a general recommendation for measures to reduce both the supply/availability of and the demand for alcoholic beverages. To achieve this, the delegates agreed, nations must become convinced that short-term benefits of alcohol consumption may be outweighed by its long-term consequences.

> ***"In bars in our country, you almost never see a child under 12."***

The assembly called for a series of WHO regional meetings to help all countries create their own national policies on alcohol use. It also emphasized that education is a key factor in stemming alcohol abuse, particularly among youth and other high-risk groups.

Mayer believes that the assembly was "probably the best instrument for beginning and continuing an international dialogue that otherwise would not have taken place. . . While the discussions weren't definitive, the symbolism of WHO declaring that the magnitude of alcohol problems warranted the attention of the assembly gives a message worldwide that could perhaps be given in no other way."

Mayer was accompanied to Geneva by Dr. Berkley Hathorne, ADAMHA International Activities Officer.

—K. C., ADAHMA

ANXIETY from page 1

attach to benzodiazepine receptors are those that block the effects of benzodiazepines, those which produce only some of the effects of benzodiazepines, and those which produce anxiety.

Interestingly enough, most of these substances have a chemical composition different from benzodiazepines, even though all attach to the same set of receptors, the investigators reported.

For instance, researchers from the Hoffman-LaRoche laboratory in Basel, Switzerland, reported on studies of Ro 15-1788, an imidazobenzodiazepine which binds to benzodiazepine receptors and blocks or neutralizes the actions of benzodiazepines.

> ***"Benzodiazepines not only lessen anxiety but also act as sedatives, as anticonvulsants, and as muscle relaxants."***

Claus Braestrup, a Danish researcher, described his experiments with another group of substances, the B-carbolines. He discovered that patient volunteers reported feeling extremely anxious when they took the drug. One patient even had to be restrained, but calmed down in less than a minute following a benzodiazepine injection.

Thus, he concluded, both the B-carbolines which increase anxiety and the benzodiazepine tranquilizer which reduces anxiety attach to the same receptor.

Another B-carboline derivative tested in rats by NIMH researcher Wallace Mendelson reversed the sleep promotion effects of benzodiazepines and also kept the animals awake during "normal" times without inducing anxiety.

Further complicating the picture are the drugs which block some actions of benzodiazepines but leave other actions alone.

NIMH researchers Steven Paul and Phil Skolnick reported that the drug imidazopyridine selectively blocks the anxiety-reducing effects of benzodiazepines, but leaves intact the sedative, anticonvulsant, and muscle relaxant actions.

Researchers Bernard Beer, Claire Kepner, and Arnold Lippa from Cyanamid's Lederle Laboratories discovered that the chemical triazolopyridazine reduces anxiety and is an

See ANXIETY (P. 3, Col. 3)

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

Editor, Kate Callen. Photography, Nilo Olin. Institute contacts: NIAAA-Brenda Hewitt, 443-4883; NIDA-Susan Lachter, 443-1124; NIMH-Marilyn Sargent, 443-4536; Saint Elizabeths Hospital-Don Coyle, 574-7034. Published biweekly by the Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events.

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FAMILY

from page 1

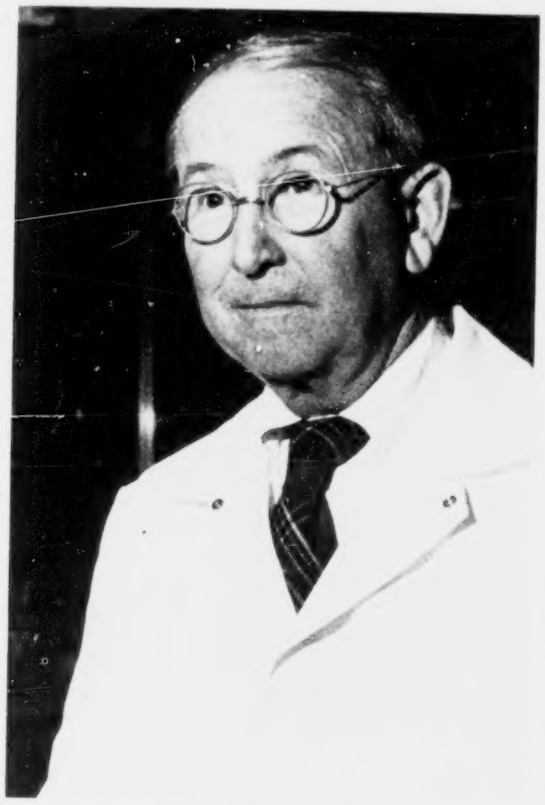
For example, MacLean and colleagues have shown that in animals as diverse as lizards and monkeys, the reptilian part of the brain, called the R-complex, plays a basic role in various displays used in social communication and in natural forms of imitation.

Such human activities as performing daily routines, conforming to fashions or to old ways of doing things, ceremonial reenactments, and "all manner of deception" reflect these reptile roots, said MacLean.

> ***"For suckling animals, any prolonged separation from the mother is calamitous."***

Experiments at the Poolesville lab have demonstrated that the cingulate convolution of the limbic system regulates the three fundamental family behaviors. Maternal behavior and playful fighting do not develop in hamsters lacking this area. Removal of only the neocortex does not affect these essential family characteristics.

Other experiments on squirrel monkeys have further pinpointed brain mechanisms regulating the isolating call. Production of this primitive cry apparently depends upon the cingulate cortex and its connections with core gray matter of the brain stem.



Dr. Paul MacLean

"For suckling animals, any prolonged separation from the mother is calamitous," explained MacLean. "The isolation or separation call is probably the oldest and most basic mammalian vocalization—serving originally to maintain maternal-offspring contact."

Parental concern for the young generalizes to other members of the species through the higher reaches of the brain, added MacLean.

Indeed, he observed, "when mammals opted for a family way of life, they set the stage for one of the most intense forms of suffering . . . having to endure separation or isolation from loved ones."

As the neocortex began to mushroom after the transition from reptiles to mammals, it served somewhat like a "heartless giant computer" for the reptilian and limbic brain.

"As though foreseeing long ago that a terrible genie was in the making, nature began to enlarge that part of the neocortex, the prefrontal area, which for the first time in the world brings a sense of concern for the welfare of all living things," said MacLean.

This development can be seen in the growth of the human forehead from a low brow to a high brow in the transition from Neanderthal to Cro-Magnon man. Significantly, the bulging prefrontal cortex established strong neural connections with that part of the limbic system—the center of feelings—concerned with parental care.

"Clinically, there is evidence that by looking inward, so to speak, the prefrontal cortex obtains the gut feeling required for identifying with another individual," added MacLean.

—Jules Asher, NIMH

Ancient Intelligence Simulated by NIMH Scientists in Poolesville Lab

A rough approximation of creatures who roamed the earth 150 million years ago are living again in Poolesville, Md.

Well, sort of . . .

Scientists at NIMH's intramural research facility there are studying the behavior of rats whose brain development has been stunted at a critical stage by drug treatment. Structurally, their brains resemble those of primitive mammals, and in some ways reflect the transition from reptiles to mammals.

They have a poorly developed older limbic cortex and neocortex, explained Dr. James Hill, a behavioral ecologist with the Laboratory of Brain Evolution and Behavior.

In an effort to study the role of the cortex in mammals, he injected pregnant female rats with methylazoxymethanol acetate to curtail brain growth in their pups.

The small-brained offspring tend to be inappropriately aggressive and seem less able to cope with complex situations at higher population densities. In crowded, computer-monitored environments where the rats must learn complex behaviors (such as lever-pressing for water, and use of alternative routes to avoid aggressive encounters), the parental behavior of the microencephalic rats deteriorates dramatically.

Dr. James Hill displays lab work on rat brains for a Canadian Broadcasting Corp. documentary film crew.

Hill reports that only 19 pups survived out of 23 first pregnancies among the cortex-deficient animals compared to 161 pups from 24 first pregnancies among normal controls.

—Jules Asher, NIMH

ANXIETY

from page 2

anticonvulsant, but does not work as a muscle relaxant or sedative. They proposed that such a compound might be especially helpful for daytime users who want to lessen anxiety without getting sleepy.

Ever since the discovery of opiate receptors and endorphins (the body's own painkillers which attach to the opiate receptors), scientists have assumed that for every receptor, there is an endogenous ligand, the body's own substance, which attaches to it.

> ***"There may be adaptive advantages for humans to be constantly alert to dangers in the environment."***

Dr. Alessandro Guidotti, NIMH Laboratory of Preclinical Pharmacology (LPP) at Saint Elizabeths Hospital, presented findings which show that the body produces a peptide called DBI; this substance attaches to the same set of receptors as benzodiazepines, but heightens anxiety instead of calming it.

Guidotti hypothesized that benzodiazepines actually antagonize the effects of this endogenous anxiety-producing peptide.

Related findings emerged from work done in early 1970s by Drs. Erminio Costa, LPP Chief, and Willy Haefely of Hoffman-

See ANXIETY (P. 4, Col. 1)

ANXIETY

from page 3

LaRoche. Costa reported that their research showed that the actions of benzodiadepines are intimately linked to the body's neurotransmitter, GABA, an amino acid which inhibits neuronal actions.

Another NIMH researcher, Dr. John Tallman, found that benzodiazepine receptors also are a part of the GABA receptor system. It is believed that GABA's inhibiting or calming effect is enhanced by benzodiazepines, resulting in reduced anxiety.

In support of Guidotti's notion that DBI increases anxiety, Dr. Jacki Crawley of Dupont Laboratories also theorized that there may be adaptive advantages for humans to be constantly alert to dangers in the environment and that "an endogenous ligand may be a promotor of a natural vigilance system."

Professor Merton Sandler of Queen Charlotte's Maternity Hospital in London presented evidence showing that both Valium and alcohol suppress an unidentified chemical found in urine which is thought to produce anxiety. Some chronic alcoholics may drink out of sheer biological need to suppress an overabundance of this anxiety-producing chemical, he proposed.

Drs. Steven Paul and Earl Usdin, NIMH, were the conference organizers.

Dr. Mitchell Balter of NIMH's Psychopharmacology Research Branch noted that benzodiazepines such as Librium, Valium, Tranxene, and Serax have become one of the most widely used class of drugs in the United States since the development of the first benzodiazepine—Librium—in the 1950s.

But according to an NIMH survey on usage, the number of prescriptions for benzodiazepines has declined markedly over the last 10 years, except for a small minority of abusers, said Balter. Since 1964, when the annual volume of prescriptions rose from 45 million to 104.5 million in 1973, the number of prescriptions has fallen to 71 million in 1981.

There also has been an overall decrease in the number of pills per prescription, according to Balter. In addition, nearly half of the respondents in the survey took the tranquilizer for less than 3 days. Even those who might have had a good reason for taking a tranquilizer did not. According to survey data, a large number of individuals who reported a high level of psychic distress did not take benzodiazepines.

But the underside of the data portrays an ominous picture of a small minority of users who can't or don't control their use of tranquilizers, he reported.

Contrary to popular belief, this pocket of abusers—1.6 percent of the general population have been taking a daily dose of the drug for over 1 year and 6 percent for over 7 years—tend to be elderly, widowed, poor, ill-educated, and suffering from a number of chronic physical disorders.

Balter expressed doubt that individuals are developing such extreme habits now because of the general conservative trend in benzodiazepine use.

—Judy Folkenberg, NIMH

First PHS-Wide EEO Conference To Be Held This Month

The first PHS-wide Equal Employment Opportunity conference will take place June 27-30 at the Sheraton International Conference Center in Reston, Va.

The conference theme, "EEO: Partnership for Progress," conveys both the goal and the process of the 4-day gathering, which will emphasize using a team approach to improve EEO program effectiveness.

Dr. Edward Brandt, Assistant Secretary for Health, will deliver the opening keynote address. Other guest speakers will include Francis Cotter, Vice President of Government Affairs, Domestic and International, Westinghouse Electric Corporation, and Dr. Mary Frances Berry, member of the U.S. Commission on Civil Rights and former HEW Assistant Secretary for Education.

Nearly 300 participants are expected to attend, including senior executives from throughout PHS, as well as labor union representatives, EEO regional and headquarters staff, and leaders of advocacy groups.

In addition to working sessions on EEO goal and strategy development, participants will attend special learning sessions to improve their EEO knowledge and skills. Topics will include: "Managing Your Diverse Workforce: Understanding Differences"; "EEO Laws, Regulations, and Court Decisions"; "Management's Role in Resolution of Complaints"; "Team Building: A Key Factor in EEO Implementation"; "Coping with Organizational Stress in Changing Times"; "RIF Impact and EEO", "Human Resources Management: Life after RIF"; and "Accountability Systems in EEO and Human Resources Management."

For further information, contact Dan Rondeau, conference manager, at 443-2810.

NOMINATIONS FOR ADAMHA AWARDS SOLICITED

ADAMHA employees, including Commissioned Corps Officers, are invited to submit nominations for ADAHMA Honor Awards by June 25. Nominations are being invited for the following awards:

ADMINISTRATOR'S AWARD FOR MERITORIOUS ACHIEVEMENT—This award is presented each year to a limited number of ADAMHA employees or groups of employees in recognition of meritorious achievement and contributions of an extraordinary nature.

ADMINISTRATOR'S AWARD FOR EQUAL EMPLOYMENT OPPORTUNITY ACHIEVEMENT —This award is presented each year to a limited number of ADAMHA employees or groups of employees in recognition of outstanding contributions to the goals of equal employment opportunity.

COMMISSIONED CORPS COMMENDATION MEDAL—This medal is awarded to Commissioned Corps officers for sustained high quality work performance, such as a significant contribution to an outstanding research or operational project, or a continuing period of excellent service.

COMMISSIONED CORPS PHS PLAQUE—This plaque is awarded to Commissioned Corps officers for recognition of noteworthy accomplishments in the performance of duty.

COMMISSIONED CORPS OUTSTANDING SERVICE MEDAL—This medal is presented to Commissioned Corps officers who have either demonstrated outstanding continuous leadership in carrying out the mission of PHS; or have performed a single accomplishment which has had a major effect on the health of the Nation; or have performed a heroic act resulting in the preservation of health or property.

Any employee may nominate a co-worker, a supervisor, a manager, or a group of employees for the Administrator's Awards. Any civilian employee or Commissioned Corps officer may nominate a Commissioned Corps Officer for the Commendation Medal, PHS Plaque, or Outstanding Service Medal.

The criteria and nominating instructions for the Administrator's Awards are included in ADAMHA Administrative Management Instruction 12-3-4.

The criteria and nominating instructions for the Commissioned Corps Awards are included in the Commissioned Corps Personal Manual, Chapter CC27.

For further information, contact Joan Berman 443-5030.

8/12

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

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Drs. Auke Tellegan, David Barlow, and Mardi Horowitz at a recent NIMH workshop on anxiety disorders.

IOM STUDY SHOWS . . .

Health Closely Tied to Behavior

A new report on *Health and Behavior*, issued last week by the Institute of Medicine, National Academy of Sciences, calls for a stepping-up of research on the relationship of behavioral factors to health and disease and a "reordering of research interests" to foster prevention and promote health.

The IOM study was cosponsored by ADAMHA and NIH.

"As much as 50 percent of mortality from the 10 leading causes of death in the United States can be traced to lifestyle," the report holds. Among these are: cardiovascular disease, cancers, accidents, violence, diabetes, cirrhosis of the liver, and respiratory disease.

Known behavioral risk factors include cigarette smoking, excessive consumption of alcoholic beverages, use of illicit drugs, certain dietary habits, reckless driving, nonadherence to effective medication regimens, and maladaptive responses to social pressures, the report states.

The experts acknowledge that over the past decade, "an impressive change has occured in the lifestyles of many people in the United States," and assert that this belies "the pessimism that often clouds prevention efforts."

However, much remains to be learned about the best methods of intervention and prevention, it is held.

"Available figures indicate quite clearly that research on many illnesses with substantial behavioral components is not funded at a level commensurate with the costs they

See BEHAVIOR (P. 6, Col. 1)

Inside . . .

Israeli Study On Schizophrenia Surprises Researchers 3

U.S. Department of Health and Human Services
July 2, 1982
Vol. VIII
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HE 20. 8013:

Severe Anxiety Disorders Rank High Among Mental Illnesses

Anxiety Disorders May Afflict 30-35 Million Americans

Severe anxiety disorders, which can be as disruptive as major depressive illness or schizophrenia, may affect between 30-35 million Americans, reported Dr. Lyle Bivens, Deputy Director, NIMH Division of Extramural Research Programs, at the May meeting of the National Advisory Mental Health Council.

The magnitude of the problem is not reflected in the present level of NIMH support, said Bivens, which is $3 million as compared to $19 million for schizophrenia and $15 million for depression.

NIMH is taking steps to stimulate more studies through a series of workshops designed to assess the state of the field and

See ANXIETY REPORT (P. 5, Col. 1)

Workshop Held On Anxiety Disorders

Phobias, panic attacks, generalized anxiety disorder, and post-traumatic stress syndrome—all considered expressions of severe anxiety—were explored at a recent 2-day workshop sponsored by the NIMH Clinical Research Branch.

Designed to assess what is known about anxiety disorders and what needs to be known, the workshop reflected the diffuse nature of the subject. The diversity of the various disorders categorized under the rubric "anxiety" was further complicated by the diverse backgrounds and viewpoints of the 12 participants, who represented psychodynamic, behavioral, physiological, and biochemical approaches.

Sea ANXIETY WORKSHOP (P. 4, Col. 1)

Drugs, Alcohol Complicate Treatment

Young Adult Chronic Patients On Increase

All three ADAMHA Institutes and the Office of the Administrator have begun working on an urgent problem: namely, the growing U.S. population of young adult chronic mental patients who are abusing alcohol and/or drugs.

A cross-agency planning committee has met twice to lay the groundwork for an ADAMHA initiative on this issue. The first step will be a working conference of invited experts to be held in the Fall. The conferees will pinpoint the unique characteristics and treatment needs of this young population. On the basis of the experts' conclusions, the agency will report to the field on ways to improve care of such patients.

In a brief paper outlining the scope of the problem, the NIMH Division of Mental Health Service Programs (DMHSP) stated: "It is the combination of medical-psychiatric-substance abuse and behavioral problems that significantly distinguishes these patients from most other populations of both chronic and acute patients.

"Many are socially isolated and have limited or poor support systems . . . Some have brain damage or suffer from flashbacks. Generally, they are quite vulnerable to stress; they often have poor judgment and do not learn from experience . . .

"A number of studies indicate that well over half were in contact with some kind of psychiatric treatment facility before the age of 18, and about half have had multiple hospitalizations."

See PATIENTS (P. 2, Col. 3)

"Cluster" of Symptoms Is the Rule in Minimal Brain Dysfunction, Says Silver

Minimal brain dysfunction (MBD) in children and young adults is one of the most vexing clinical problems for physicians, psychologists, and educators. It is a source of unending theoretical dispute between adherents to one or another school of thought.

Speaking at a recent NIMH Staff College Seminar on "MBD, The Syndrome and Its Parts," Dr. Larry Silver, NIMH Deputy Director, said that "I don't think we agree on what MBD is. We are not talking about a clear entity or a clear diagnostic category; therefore, it is difficult for everyone to agree."

He proposed a frame of reference that might be useful in understanding MBD. If you look at the functioning and development of the brain, he stated, you will find many things that can impact on it or "embarrass" the nervous system. This can take place from conception, during pregnancy, at delivery, during the first years of life, or even later in life.

The "embarrassment" may be caused by a metabolic agent or a toxic agent such as lead poisoning. Viral infections, trauma, and high fevers also may be contributing factors, Silver noted. There may be an inherited type of nervous system, perhaps with deficits in specific neurotransmitter activities.

"It can," he continued, "effect different areas of the nervous system and, conversely, different areas of the brain as well, depending on what happens and when it happens."

For example, Silver explained, if an MBD child's motor development were examined clinically, "we could find anything from the floppy child to the clumsy child to minimal cerebral palsy. If we also look at short-term memory deficit, we might find an absent-minded child or one with learning disabilities."

If certain other parts of the brain are "embarrassed," such as the mid-brain, the cortex, or the brain stem, "we will find symptoms of hyperactivity and distractability, impulsivity, emotional liability, learning disability, or a cluster of findings which many researchers refer to as minimal brain dysfunction.".

Dr. Larry Silver

Silver reported the cluster of findings often found together in children or adolescents referred to as MBD are: learning disabilities, hyperactivity and/or distractability, and emotional, social, and family problems. These latter problems are a consequence of the frustration and failures experienced because of the learning disabilities, and hyperactivity and/or distractability.

He said that this cluster is clinically important because it alerts the clinician to look for other problems.

Probably the most critical issue for clinicians, said Silver, is to realize that they are dealing with a *group* of behaviors often found together. "It doesn't do any good to say that this child has attention deficit disorder, MBD, is hyperactive, or has emotional, social, and family problems. What is useful is to find out which behaviors apply to a particular patient and then devise an individual treatment plan," he said.

Silver warned that unless researchers and clinicians take a very close look at these findings and their implications, and come up with appropriate answers, they will miss the boat in understanding and treating individuals with MBD.

He noted that learning disabilities are not just school difficulties. "They interfere with sports participation and all aspects of the child's life. Some of these problems can be modified, some are outgrown, and some children learn to compensate or work around them."

He cautioned, however, that even though we don't know all the answers about learning disabilities, we know a tremendous amount about what we can do to help. "In school, we can help children through special education

See SILVER (P. 3, Col. 1)

ADAMHA NEWS

Alcohol, Drug Abuse, and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

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PATIENTS *from page 1*

Because young adult chronic patients need a broad range of specialized and support services, the agency will be looking for ways to involve many different types of service providers, including emergency services, mental health clinics, alcoholism and drug abuse treatment services, public welfare agencies, and law enforcement agencies.

The committee is chaired by James Stockdill, DMHSP, NIMH. Institute representatives are: Dr. Thomas Plaut, DMHSP, NIMH; John Noble, Division of Alcoholism Services Development, NIAAA; and Dr. Dorynne Czechowicz and James Glass, Division of Community Assistance, NIDA. The OA representative is Thomas Vischi, Division of Treatment.

—K.C., ADAMHA

NEW GERIATRIC MH ACADEMIC AWARDS

The mental health problems of the elderly will receive greater attention when NIMH gives Geriatric Mental Health Academic Awards to 10 medical or nursing schools starting in FY 1983.

The new awards will enable an expert on aging and mental health to serve as "a research-oriented resource person" on each of 10 faculties across the country. The resource person, either a psychiatrist or a psychiatric nurse, will:

- study geriatric mental health;
- develop other researchers with interests in geriatric mental health;
- introduce research findings in geriatric mental health to other clinical teachers and researchers in the academic setting.

"We're trying to create a cadre of research teachers on mental health and the elderly," says Dr. Gene Cohen, Chief, NIMH Center for Studies of the Mental Health of the Aging, which will administer the pilot-stage awards.

"Our focus is not on large numbers but on a large scope of activity," he emphasizes. "Each resource person will encourage the students in general training to be more knowledgeable about older people. In this way, awareness of aging may become more a part of the general curriculum.

"The resource persons also will mainstream ideas about the mental health of the elderly with their faculties," he continued. "This will increase the likelihood that other researchers will think more about aging and will be more active in this area."

Awards of up to $50,000 per year will be made directly to departments of psychiatry in medical or nursing schools. The funds will support specific nominees for up to 3 years of special study and preparation as geriatric mental health resources.

Cohen reports that applications for awards have started to come in and "an unusual number of inquiries have exceeded our expectations." Potential applicants may contact Cohen or Dr. Barry Lebowitz at 5600 Fishers Lane, Room 11A-16, Rockville, MD 20857, (301) 443-1185.

—K. C., ADAMHA

SILVER *from page 2*

techniques. Outside of school, we can educate the child, or adolescent, and their parents so that they know as much as anyone else about how their nervous system operates, where their strengths and weaknesses are, and how they can develop coping techniques," he said.

Hyperactivity and distractability, elements of MBD, may be caused by anxiety, according to Silver. "When children are anxious, it's hard for them to concentrate.

"A child's hyperactivity may relate to specific life experiences. For example, a child who was never hyperactive until starting school, or who is hyperactive at school but not at home, except after 6:30 p.m. when his father comes home, may be expressing anxiety about a specific, expected situation."

In addition, Silver noted, the child's hyperactivity may have begun after a situational crisis such as a divorce, remarriage, death, or birth of a sibling. If the hyperactivity is physiologically based, then it has been present since birth, he explained.

Hyperactivity and distractability might also be caused by depression. If a child is withdrawn and depressed, he or she may have difficulty paying attention or focusing well, Silver noted. The child often becomes so agitated by depression that his or her behavior often is mistakenly identified as hyperactive.

A third cause of hyperactivity and distractability, according to Silver, may be a neurophysiological deficit in the brain. One research theory is that the cortex is underreceiving, underrecording, or underreacting to its inputs and therefore has to allow more input to come in; consequently, more activity is bombarded against the cortex to make it operate efficiently.

Another research theory is based on the observation that the nervous system consists of antagonistic and protagonistic functions which, for example, stimulate or decrease appetite. The theory suggests that the protagonistic or accelerating function is in the pre-motor cortex of the brain which sends impulses down to the body to make the muscles move, he noted. As the impulses pass through the brain stem, a braking mechanism decides what gets through and what does not. With the neurophysiological type of hyperactive child, the braking mechanism does not sufficiently inhibit the impulses and the hyperactivity is increased.

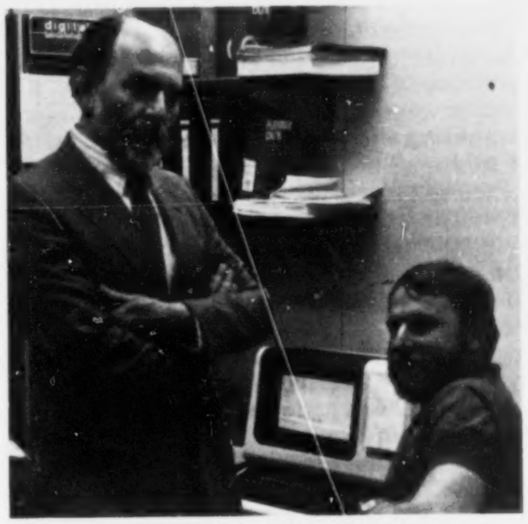
The basis for this theory is that if children are given anything that sedates the brain stem, the braking mechanism will work more efficiently. However, if the brain stem is oversedated, the child may become glassy-eyed or fall asleep.

Silver optimistically noted that research is beginning to provide some clues and answers about learning disabilities, hyperactivity, and distractability, He noted that with improved diagnostic equipment, such as the radiation-free, nuclear magnetic brain scanner, "we will be able to understand more about which parts of the brain are involved in specific types of learning."

—William Herndon, NIMH

Schizophrenia Researchers Report Unexpected Results From Israeli Study

"Among children of schizophrenics, those raised on a kibbutz developed more psychopathology than did those raised at home by their parents."



Drs. Allan Mirsky and Edward Silberman

An unexpected finding has emerged from a long-term study of children of schizophrenics carried out in Israel, according to Dr. Allan Mirsky, Chief, Laboratory of Psychology and Psychopathology, NIMH.

The 20-year followup arranged last year by Mirsky has found, surprisingly, that among children of schizophrenics, those raised on a kibbutz developed more psychopathology than did those raised at home by their parents.

The study, which was originated in the 1960s by Dr. David Rosenthal, formerly of NIMH, compared four groups of children. Two groups of 50 children of schizophrenics—25 of whom were raised on a kibbutz and 25 raised in their own homes by their parents—were matched to 50 children of normal parents, half of whom also were raised on a kibbutz and half by their biological parents. The children ranged between 8 and 14 years of age at the time of the first study.

Now in their 20s, 91 of the 100 study participants were found and retested by psychologist Arje Latz, who did not know to which group each subject belonged.

At the time the study was initiated, children raised on a kibbutz had relatively little contact with their parents, Mirsky explained. They grew up with a peer group and were cared for by professionally trained people. Thus, they provided a good test for environmental versus genetic influence.

The 100 subjects received complete psychiatric, psychological, psycho-physiological, and neurological examinations, and parents and teachers were interviewed. Researchers who were blind to which group the subject belonged found that children of schizophrenics, regardless of where they were raised, were easily differentiated from children of normal parents. They showed more symptoms of maladjustment and soft neurological signs than did the controls. A followup done 7 years later showed similar findings.

Now that the subjects have reached young adulthood, when mental illnesses typically emerge fullblown, retesting has found the puzzling differences in the impacts of the kibbutz versus home environments on the children of schizophrenics.

Of the 22 kibbutz-raised children of schizophrenic parents who could be found, 16 were assigned a DSM-III diagnosis. Six fall within the schizophrenic diagnostic spectrum, and 10 have a form of affective disorder, with 5 suffering a major affective illness, said Mirsky.

In comparison, only 6 of the 21 retested children of schizophrenics raised by their parents were given a DSM-III diagnosis. Three are schizophrenic, and none has a major affective disorder.

Among the controls, none has schizophrenia, and only one, raised on a kibbutz, has a form of affective illness.

"If the study had not been so scientifically stringent—even by today's standards—I would have doubts about the findings," said Mirsky, who explained that kibbutz-raised children have become the "cream of the crop" in Israel's armed forces. They were consistently found to be the most competent, caring, and stable leaders.

Possibly the ingredients of kibbutz-rearing which have created some of the most self-confident and best copers under stress can also create the pressures that place vulnerable children at risk for mental illness, Mirsky hypothesized. "In any case, the findings say something, not fully understandable, about the relationship between environment and genetics. It raises questions about the effect of stress on physiology," he noted.

Mirsky is planning a brief trip to Israel this year to meet with Dr. Schmuel Nagler, Professor of Psychology at the University of Haifa and the Oranim, the training site for kibbutz teachers, and with Dr. Solomon Kugelmass, a psychologist at Hebrew University at Jerusalem, both of whom have been involved in the study from its beginning.

Mirsky also hopes to visit some of the kibbutzim where the children were raised. He and the Israeli scientists will be discussing the findings and their implications for future directions.

Two key staff persons in the Laboratory of Psychology and Psychopathology who have been involved in the data analysis are Dr. Edward Silberman and Eugene Tassone.

—Marilyn Sargent, NIMH

ANXIETY IS THE TOPIC...

ANXIETY WORKSHOP

from page 1

Dr. David Barlow, Department of Psychology, State University of New York at Albany, who chaired the workshop, referred to anxiety as a "multifaceted construct." Psychological, behavioral, and physiological manifestations of anxiety, which can appear simultaneously or separately, can make diagnosing and treating disorders difficult, he said.

For example, in nearly 30-35 percent of treated anxiety cases, physiological symptoms such as high blood pressure and heart rate worsen, but patients report feeling better. Referred to as "dysynchrony" by Barlow, the disparity between physiological measures and patient reports also was observed by other workshop participants.

In other cases, patients say they feel no better, but improve behaviorally, said Dr. Donald Klein, New York State Psychiatric Institute. In one study he cited, patients hospitalized and treated with antidepressants for panic attacks denied feeling better following treatment—but nurses found a dramatic reduction in the number of times the patients asked the nursing station for help.

In an attempt to understand the efficacy of antidepressants for panic attacks, Klein has been studying patient response to a compound, sodium-D-lactate, observed by another researcher to produce extreme anxiety in some people. Klein has found that normal individuals and patients with major depressive illnesses or simple phobias do not get anxious when infused with lactate; however, 80 percent of patients with a history of panic attacks experience an attack within 14 minutes of infusion.

Further, he found that antidepressants blocked the effects of the lactate, *but only* in patients previously responsive to the medication. The protection from lactate-induced panic lasted several months in responsive patients.

Why certain patients respond to antidepressants and others do not still is unclear, Klein reported. Attempts to find biochemical concomitants of panic attacks produced only one significant and confusing finding: signs of chronic respiratory alkalosis, a condition usually associated with kidney disease.

The relationship between depression and anxiety is complex, according to participants, since anxious patients often feel depressed and depressed patients experience anxiety.

Dr. Hagop Akiskal, Mood Clinic and Affective Disorders Program, Memphis, found differences in EEG sleep studies which he believes distinguish depressed from anxious patients. Depressed patients have more and shorter periods of REM latency, the period before dream sleep. On the other hand, anxious patients experience more awakenings and sleep fewer hours, he said.

In a study of children with school phobia, Akiskal found 10 percent had parents with a major depressive illness, and many developed classical symptoms of depression within a few years. "Children who do not feel well enough in the morning to go to school may be having the early morning 'blahs' typical of depressive illness," he suggested.

Drs. Stewart Agras and Jack Rachman

Klein pointed out that school phobia is a misnomer in that fear of school actually is fear of leaving home. "School-phobic kids also are afraid to go to the movies or to camp, in contrast to kids who skip school because they are delinquents," he explained.

Dr. Mavis Heatherington, Department of Psychology, University of Virginia, said that in studies of children of divorced parents, she found school phobia to be an expression of separation anxiety. "Children fearful of going to school were afraid they would not find their mothers at home when they returned."

The power of suggestion, its role in treatment, symptom control, and relationship to patient expectation were explored by discussants. For example, suggestion played a crucial role in the work of Dr. Stewart Agras, Department of Psychiatry, School of Medicine, Stanford University, who used relaxation training to reduce high blood pressure in patients.

In a study of two groups given the training, both were told that their pressures would drop after the first session, but one group was informed that the drop would last for weeks, while the other was told that the decrease would not last beyond the first session. Blood pressures in both groups responded in accordance with the information (suggestion) given, although both groups continued to receive the same training, Agras reported.

The influence of expectation on how individuals cope with phobias also was discussed. Noting that women comprise 70 percent of acknowledged agoraphobics—individuals afraid to leave home—participants hypothesized that since men are expected to go out and work, they learn to "tough it out," while women are not suspect when they remain at home.

Expectation appears to play a role in patient response to treatment as well. Dr. Mardi Horowitz, Department of Psychiatry, Langley Porter Neuropsychiatric Institute, noted that patients suffering post-traumatic stress syndrome gained rapid relief if calmed by the therapist. By the fourth therapeutic session, patients typically decided that they were better, he reported.

Dr. Peter Lang, University of Florida, emphasized the need for psychophysical measurements to better understand cognitive processes in anxiety disorders. "Language is not always a good indication of cognitive information-processing. In addition to self-reports and observations of patient behavior, such measurements as evoked potential and lapsed time response are needed to develop profiles of anxiety, which could then aid diagnosis and treatment," he said.

Workshop participants also discussed the importance of emotional support systems for facilitating patient recovery or protecting individuals exposed to extreme stress.

Dr. Jack Rachman, a British psychologist, attributed the high morale of Londoners during World War II to a sense of mutual support. Mental health facilities established around the city in anticipation of stress reactions to nightly bombings remained unused for the most part, said Rachman, probably because of an attitude expressed by "we're all in this together."

The importance of social supports lies not in numbers but in the feelings associated with them, pointed out Dr. Irwin Sarason, Department of Psychology, University of Washington, Seattle.

Sarason and Rachman also spoke about the effectiveness of proper training as a protection against stress-induced disorders. In studies at Marine basic training camps, Sarason found fewer dropouts and better performance among Marines whose trainers had been empathetic and shared responsibility for their success and problems as compared to trainees exposed to castigating and emotionally uninvolved leaders.

Rachman also credited excellent training for the sense of competence, high performance levels, and low emotional problems among members of British bomb demolition teams during World War II. Thirty thousand unexploded bombs were defused with only 17 deaths. "These were ordinary fellows with no particular wish to be courageous or to seek excitement. When they joined the Ordinance Corps, they didn't even know that they would be expected to defuse bombs," said Rachman.

Other workshop participants included Dr. Donald Redmond, Jr., Neurobehavioral Laboratory, Yale University School of Medicine; Dr. Irving Gottesman, Department of Psychiatry, Washington University Medical School, St. Louis; and Dr. Auke Tellegén, Department of Psychology, University of Minnesota.

The workshop was organized by Drs. Jack Maser and Hussain Tuma, NIMH Clinical Research Branch.

—*Marilyn Sargent, NIMH*

ANXIETY REPORT *from page 1*

identify research needs, he noted.

Dr. David Barlow, Department of Psychology, State University of New York at Albany, reported on the Anxiety Disorders Workshop, which he recently chaired and which was sponsored by the NIMH Clinical Research Branch.

Barlow described the complexities of diagnosing and treating anxiety disorders, noting that they typically involve somatic, psychological, and behavioral elements. in addition to feeling fear, patients often have such somatic symptoms as headaches, indigestion, constipation, nervous stomach, colitis, hypertension, ulcers, and asthma.

Anxiety is the fifth most common reason people visit their family doctor, said Barlow. A random sampling indicates that 50 percent of the population experiences one symptom regularly and 17.3 percent have two or more regularly (see accompanying article).

> ***"Anxiety disorders . . . typically involve . . . headaches, indigestion, constipation, nervous stomach, colitis, hypertension, ulcers, and asthma."***

Dr. Allen Raskin, NIMH Psychopharmacology Research Branch, reviewed another workshop sponsored recently by NIMH which explored pharmacological causes and treatments in anxiety disorders. Among the issues discussed by the psychopharmacologists was the role of depression in anxiety and the implication for treatment.

Raskin reported that although benzodiazepines, such as Valium, are the major drugs prescribed for anxiety-related conditions, growing evidence indicates that antidepressants are more effective for phobias, obsessive-compulsive disorders, and panic attacks. These findings raise serious questions about the long-term use of benzodiazepines for certain anxiety disorders, he said.

Drs. Allen Raskin and Lyle Bivens

Papers presented at the workshop will be published in the Fall issue of the *Psychopharmacology Bulletin* and will be available from the U.S. Government Printing Office, said Raskin.

—Marilyn Sargent, NIMH

Agency Heads Report New Budget Status at National Advisory Mental Health Council

The past year brought one of the lowest numbers of new and competing grants funded in many years, but the Administration's recommendation for a $43 million increase in 1983 is a hopeful sign, said NIMH Director Herbert Pardes to the National Advisory Mental Health Council at their May meeting.

Dr. William Mayer, ADAMHA Administrator, voiced concern over the absence of an FY 1983 budget. He noted that extension of the 1982 continuing resolution could either help or hurt depending on whether it is based on the present or projected budget. "If based on the lower 1982 budget, once again, only half of the usual number of grants could be funded," said Mayer. Also, budgetary choices might make it impossible for NIMH to acquire its own PET (positron emission tomagraphy) scanner, which would make access to a major new and promising technology difficult for Intramural scientists.

Mayer also reviewed issues relating to training funds and block grants, but his reference to reduced third-party payments for mental health care aroused the liveliest discussion among panel members.

Following Mayer's allusion to continued concern among insurance carriers about mental health treatment efficacy, several panel members pointed out that the efficacy of certain regularly used surgical and medical procedures, though highly questionable, raise little complaint from third-party payers.

As a possible rationale, Mayer pointed to the difficulty of demonstrating changes that take place as a result of psychotherapy as compared to obvious physical changes produced by surgery.

Another member suggested that the public perception of a higher degree of agreement about diagnosis and treatment among other medical specialists, particularly in light of psychiatric controversies made visible by media coverage of notorious criminal trials, may influence the situation.

Pardes then referred to a recent statement made by Dr. Martin Orne, Director, Unit for Experimental Psychiatry, University of Pennsylvania Hospital, to the effect that Orne used to feel uncomfortable about confusion in the mental health field until he developed a back problem, and saw first-hand the medical confusion over treating backs.

Council also heard three reports on Institute activities relating to anxiety disorders. Dr. Lyle Bivens, Deputy Director, NIMH Division of Extramural Research Programs, Dr. Allen Raskin, NIMH Psychopharmacology Research Branch, and Dr. David Barlow, Department of Psychology, State University of New York at Albany, reported on two NIMH-sponsored workshops which dealt with anxiety. (see accompanying article)

In addition, Council heard an overview of NIMH research planning and evaluation processes from Joyce Lazar, Office of Program Development and Analysis. Other reports were given by Lorraine Torres, Associate Director for NIMH Extramural Programs; Ed Goody, NIMH Budget Office; Lee Dixon, Deputy Director, Office of Program Development and Analysis; Dr. William Dodd, Superintendent, Saint Elizabeths Hospital; and Dr. Steven Goldston, Director, Office of Prevention.

—Marilyn Sargent, NIMH

UNITED STATES ★ SAVINGS BONDS ★

State Legislators Meet With Mental Health Experts to Discuss "The New Federalism"

State legislators met in mid-April to discuss the future of mental health services under the "New Federalism."

As the responsibility for administering service programs shifts to the States under block grants, legislators were invited to work together on two tasks: to find ways to carry out an effective transition that would guarantee continued quality services to patients; and to discuss the new Federal role related to services which has shifted to "advisory only."

The meeting was sponsored by the National Conference of State Legislators under a contract from NIMH. Its objective was "to improve the decisionmaking ability of the States in the mental health area."

Two specific goals were to increase communication on mental health issues, problems, and solutions, and to establish a formal channel between NIMH and the State legislators.

In the keynote address, James Lawrence, Acting Deputy Administrator, ADAMHA, reviewed the Federal role in the community mental health movement of the past 2 decades, which transferred care of many mentally ill people from institutional to community-based services.

Lawrence described the Community Service Program (CSP) which now has expanded to include 30 States.

This program promotes and funds the development of model programs designed to help long-term mental hospital patients make the transition back into the community.

See LEGISLATORS (P. 6, Col. 3)

BEHAVIOR *from page 1*

impose on society," the report states.

"For instance, expenditures pertinent to alcoholism and mental illness are very modest compared with research funding for cancer and heart disease. Yet the burden of illness in terms of human suffering and economic costs is comparably heavy in all these cases," the report holds.

Even the mortality data do not reveal fully the importance of lifestyle risk factors, according to the IOM study. "Many of the leading causes of death are chronic and disabling diseases . . . morbidity measures such as prevalence, functional limitations, use of health care resources, and economic costs associated with illness must be taken into account."

The report is based on a novel series of conferences over 2½ years that involved more than 400 scientific experts. They examined the extent of behavior-related disease and disability in the United States, and identified newly emerging scientific opportunities for broadening understanding, treatment, and prevention of such illnesses.

"In the past few years, there has emerged a heightened awareness of the importance of behavioral factors in effective therapeutic and preventive interventions across a wide range of diseases and disabilities," the report says. "This awareness has been accompanied by a striking expansion in the scientific study of such factors."

Most of the report is devoted to setting forth promising lines of inquiry on specific health problems known to be heavily influenced by behavior or "lifestyle." These include stress, alcohol problems, mental disorders, aging, cardiovascular disease, diabetes, and others.

The report urges that "research funding be maintained at a level commensurate with the opportunities now available to develop understanding of biobehavioral problems."

A major opportunity for health policy today, the report asserts, is "to find ways to bring support of promising lines of research into more rational alignment with the costs to society of the heavy burden of behavior-related illnesses."

The scientists also stress the importance of a "vigorous, systematic, interdisciplinary training effort" to bring young investigators into the biobehavioral field.

"Essential to the success of the mission delineated in this report is attraction of talented and dedicated young people to the health and behavior research areas. The first step is wider recognition of the importance of these problems, the burden of illness they impose, their human impact, and the urgency of progress. The second step is awareness that scientific opportunities existing for grappling with the problems."

The report lists several specific training needs:

- M.D.-Ph.D. training programs in biobehavioral sciences
- Realistic research training stipends
- Targeted funding to institutions supporting postdoctoral training programs on the design and conduct of biobehavioral research
- Stipends for students to do biobehavioral research

The term "biobehavioral sciences" used in the report refers to the "panoply of basic, applied, and clinical sciences that contribute to an understanding of behavior. These include the behavioral sciences such as neurology, neurochemistry, endocrinology, and neuroanatomy, as well as psychology, ethology, sociology, and anthropology.

Many overlapping fields already have emerged, according to the report, resulting in new terminology such as psychological sociology, psychoneuroimmunology, immunochemistry, or behavioral medicine. "All are part of the biobehavioral sciences," the report states.

"One of the significant changes of the 20th century is the growing recognition that the methods of science can be employed in understanding human behavior, even though the task is difficult and complex. Human behavior is sufficiently regular to enable the construction of dependable specific propositions about patterns and themes."

The *Health and Behavior* report has a specific objective of attracting the interest of biomedical scientists who have not previously studied behavioral linkages. "The shift of attention of even a few outstanding scientists can make a great difference in the progress of research [in this field.]"

The IOM report also urges better funding mechanisms for interdisciplinary biobehavioral research. "A policy opportunity exists to create conditions that favor mutual benefit in joint efforts.

"Where disciplines with very different traditions are involved, time is needed to learn the essential language, style, and substance of the other, so that communication about a shared interest can be based on understanding and respect for the value of the contributions each can make to the other in solving a complex problem. Recognition of inherent difficulties by research administrators and by funding agencies is essential."

> *"Research on many [of these] illnesses . . . is not funded at a level commensurate with the costs they impose on society."*

The report also cites the need for study review committees for multidisciplinary research proposals to have members from a range of relevant disciplines "who are aware of and sensitive to the complexities of interdisciplinary technology."

Underscoring its commitment to fostering interdisciplinary biobehavioral research, the report asserts that "some research support should be constructed so that it can be obtained *only* by collaboration" of biobehavioral and biomedical disciplines.

Dr. David Hamburg was chairman of the IOM Committee for the Study of Health and Behavior. Report editors were Hamburg and Drs. Glen Elliott and Delores Parron.

Copies of the 359-page report *Health and Behavior* are available from National Academy Press, 2101 Constitution Avenue, N.W., Washington, D.C. 20418, at a cost of $15.00.

LEGISLATORS *from page 5*

"The total investment in this program to date has been only about $20 million, but we and our State partners have realized an enormous return on that investment," said Lawrence, "not only in concrete results of individual projects, but in terms of what we have learned about the nature and possible solutions to especially difficult problems."

Several other speakers covered a wide range of topics related to mental health and the community.

Lorren Koren and James Stockdill at conference

Dr. John Talbot of the Payne Whitney Clinic spoke of his newly coined term, "trans-institutionalization," which he described as a process in which former mental hospital patients are moved from boarding houses to nursing homes to temporary shelters and back into the mental hospital again.

When the community is not properly prepared to receive them, patients must eventually return to the mental hospital, he said.

Two Missourians, Paul Ahr, the State Mental Health Commissioner, and Carol Park, a State Representative, described their experience on the previous evening when they had roamed the dark streets of St. Louis with a dedicated minister, picking "bag people" from doorways, alleyways, and dark, empty basements. Most were former mental patients, abandoned by the system and left to find whatever shelter and subsistence they could, the State officials reported.

The question of who should oversee the conduct of mental health delivery systems now that the Federal role is diminishing was discussed by Dr. Joseph Alexander of the Fort Logan Mental Health Center in Colorado. He suggested that State and local groups which include consumers, as well as regulatory bodies, can help assess the value of any facility based on its contribution to the community it serves.

Alexander stressed that any valid system of accountability must be designed with the aid of such groups. Dr. Harold McPheeters, Director, Southern Regional Education Board, Atlanta, speaking on the same issue, warned that there would be increasing competition for scarce resources, with accountability becoming a major issue. Existing evaluation methods are far from "problem-free," he stated.

Karen Mullam, Director of Deinstitutionalization for the State of Maryland, led a discussion on workable program designs, using the Fountain House as a point of departure and an example of an effective psychosocial rehabilitation program.

—Walter Clark, ADAMHA

PICKAR GETS AWARD

Dr. David Pickar, an NIMH scientist, has won the prestigious A.E. Bennett Neuropsychiatric Research Foundation Award, presented annually by the Society of Biological Psychiatry to an outstanding investigator under 35 years of age.

The award was announced at the Society's annual meeting in Toronto.

Pickar, who is with the Neuroscience Branch in NIMH's Intramural Research Program, won in the clinical science category for a paper entitled "Clinical Studies of the Endogenous Opioid System." Co-authors were NIMH researchers Martin Cohen and Robert Cohen, and former NIMH Visiting Scientist Dieter Naber of the Psychiatric Clinic in Munich, West Germany.

Prior to joining NIMH, Pickar received his medical degree from Yale University, where he also completed his psychiatric residency and was a participant in the NIMH-sponsored Biological Scientist Training Program. At present, he is Chief of the Section on Clinical Studies, Neuroscience Branch, where he runs a clinical ward studying the psychobiology of schizophrenia.

The prize-winning paper summarizes recent work on the endogenous opioid system and its role in humans. Three clinical strategies were used. First, the narcotic antagonist naloxone was administered to normal volunteers in doses far exceeding those previously administered to humans; this was done to determine how much naloxone is needed to block the endogenous opioid system in humans. Data gathered suggest involvement of this system in mood and in regulation of anxiety symptoms.

Second, total opioid activity was measured using radioreceptor assay in the cerebrospinal fluid of psychiatric patients. The results suggested diminished endogenous opioid system activity in some schizophrenics, and a relationship between opioid activity and state change in manic-depressive illness and anorexia nervosa.

Third, in collaboration with Dr. Michael Dubois of the National Institutes of Health Anesthesiology Department, the researchers studied the response of β-endorphin to general surgery. Increases in plasma cortisol and β-endorphin accompanying abdominal surgery demonstrated that the endogenous opioid system is responsive to severe physical stress.

Additional findings suggest that the amount of morphine needed after surgery for pain relief could be predicted from levels of plasma β-endorphin immunoreactivity stimulated by the surgical procedure.

—Myrle Kahn, NIMH

Delegates from Western Hemisphere Meet in D.C. For IOM-PHS Alcohol Workshop

Delegates from throughout the western hemisphere gathered in Washington recently to attend a workshop on alcohol-related problems in their countries.

Funded by the PHS Office of International Health and arranged by the Institute of Medicine, the meeting was attended by representatives of academic, scientific, and governmental organizations that have a stake in resolving the complex problems of alcohol abuse and alcoholism in their countries.

Workshop participants reviewed current knowledge about alcohol-related problems and discussed its application to various legislative approaches that could help develop prevention policies.

Despite widely differing social, political, and economic conditions in the countries represented, "consensus views" were found on a number of issues.

One major area of agreement was that the public health and health science communities in most countries of the Americas now are shifting from a predominant emphasis on treating alcoholism toward a greater interest in "group-oriented preventive measures."

Participants held that such prevention approaches should be encouraged.

It also was understood that lack of data results in serious gaps in knowledge needed to curb alcoholism and alcohol abuse.

For instance, no systematic survey exists of legislative efforts to lower the incidence of alcohol abuse. What successes or failures have been experienced by these interventions? Are they effectively enforced, or are they simply ignored by both the courts and the people?

Participants pointed out that such information could be used by legislators and policymakers to design laws that might curb the growing problem of alcohol abuse in many societies. These acts of public policy could result in a reduction in alcohol-related problems, they agreed.

Direct quotes, indicating some directions for legislators, follow:

"Short-run reductions in drunken driving typically occur following the introduction of new, stringently enforced, and well-published laws, although longer term effects appear to depend on continuation of the enforcement and publicity."

"As with other commodities, alcoholic beverages are price-sensitive; significant increases in the real cost of alcohol, via taxation or related policies, reduce per capita consumption."

"While minor reductions in the number of sales outlets or closing hours do not appear to have measurably affected demand, major changes have had a considerable effect on per capita consumption." This consensus statement holds that prohibiting access to alcohol at specific times and locations, as well as raising the legal drinking age, may demonstrably reduce both excessive consumption and alcohol-related problems among the affected age groups.

Leland Towle, NIAAA, describes the meeting as particularly signficant for two reasons. First, it was held under the aegis of two highly respected scientific organizations, the National Academy of Sciences and the Institute of Medicine, who chose alcohol prevention over nine other public health areas. Second, neither organization is specifically linked to alcohol prevention, allowing a fresh and objective point of view for the field.

The title of the meeting, "Inter-American Workshop on Legislative Approaches Toward the Prevention of Alcohol-Related Problems," provided a focus that participants used to evoke a lively exchange of views. Prominent among those views was the idea that much depends on public and governmental awareness of just how serious alcohol abuse is and how it effects every aspect of society. Without this awareness, progress of prevention programs and their effectiveness will be greatly reduced.

One extremely thorny problem is the role that the alcohol beverage industry should play in prevention. Also, what of the pressures that governments can feel when tax revenues are tied to alcohol beverage consumption? The participants made it clear that this is a multi-national problem and discussed it at length.

Comprehensive consensus statements were drafted from these discussions. A few excerpts follow:

"In most countries, there is a distressing lack of communication in alcohol policy formulation between persons concerned with public health aspects relevant to those policies and others concerned with the revenue and employment-producing role of alcohol."

" . . . alcohol production and availability must be treated legislatively and politically as a public health concern, as well as a fiscal and economic concern."

"There are significant international global and regional incentives and constraints influencing national policy formulation. In each country, the views of entities concerned with trade agreements and controls on alcoholic-beverage-producing industries need to be considered in discussions on public health concerns related to alcohol consumption."

A major concern was understanding the complexitity of the alcohol-related factors in most societies. This was seen as multidimensional. Countries that permit alcohol consumption also tax its production and use. At the same time, the alcohol industry itself has a very positive economic role as employer and exporter.

The use of alcohol can have social, pharmacological, and cultural aspects among populations, participants concluded, and all these factors must be weighed when considering preventive activities.

—Walter Clark, ADAMHA

St. E's Celebrates National Mental Health Month

A former mental patient who was the 1979 chairperson of the National Mental Health Association (NMHA) helped kick off Saint Elizabeths Hospital's observance of May as National Mental Health Month.

In her keynote address at the April 27 inaugural ceremony, Betty Hamilton described her long struggle with severe depression and her successful treatment with lithium therapy. She emphasized that mentally ill people must learn not to feel guilty about their disorders or the treatments they need.

Hamilton was followed by NIMH Director Herbert Pardes, who reported on advances in mental health therapies. He noted that the development of lithium therapy has saved as much money in this country as was spent on all mental health research before it.

Not only does "mental health treatment work," he concluded, "but also, one can demonstrate that it makes economic sense."

A message from President Reagan was read aloud by Marian Vernon, NMHA President-Elect. D.C. Mayor Marion Barry was on hand to read his proclamation of May as Mental Health Month in the District of Columbia.

Four mental health workers received awards for their "significant contributions to improving the quality of care and the quality of life for mentally ill persons in the District of Columbia." The award recipients were: Dr. Bernard Arons of the Hospital's Dixon Implementation Office; Albert Massey, former Acting Administrator, D.C. Mental Health Services Administration; Monsignor John Kuhn, Executive Director, Anchor Mental Health Association; and Edith Maeda, Executive Director, Woodley House Programs.

The event was cosponsored by Saint Elizabeths, NMHA and its D.C. chapter, and the Joint Task Force on Community Education for Mental Health Programs, which is spearheaded by the D.C. Mental Health Services Administration.

Other Hospital events observing National Mental Health Month were: a May 5 Spring Gala for all patients and staff; a May 16-17 Open House and Garden Tour of the Hospital grounds; and a May 21 HHS ceremony launching "Art Therapy—Then and Now," a 2-week exhibition of patient artwork in the lobby of the Humprey Building.

Also on May 21, the Hospital's Area D CMHC held a Community Conference on "Perspectives on the Homeless." On May 26, the Hospital and the NIMH Staff College held the second of the Learning Exchanges series, which featured Dr. Robert Porter on "Deinstitutionalization: Impact on Staff."

—Don Coyle, St. E's

HHS Secretary Richard Schweiker greets art therapists Elaine Kramer and Prentiss Taylor at St. E's art exhibit

STAFF COLLEGE COURSE

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NATIONAL INSTITUTE OF MENTAL HEALTH

The NIMH Staff College and the Women's Advisory Group present:

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JULY 18-21, 1982
HOLIDAY INN, CHEVY CHASE, MD.
FOR DETAILS, CALL 443-3185

A Success Story: The Parklawn Counseling Service

In the best of times, counseling troubled employees is a difficult task. When a RIF occurs, a counseling service is strained far beyond normal limits by employees made desperate by threats to their jobs.

In February of last year, Dr. Annette Zimmern became Chief of the newly-created Parklawn Employee Counseling Service. Counselors from every major agency in the building were gathered to form this new unit.

Quickly, their dull suite of offices was transformed into an oasis, with paint, soft furniture, pictures, wall hangings, exotic plants, and a wall mural of a desert scene. The whole effect was designed to reduce tensions among clients and to get them to talk about their problems.

Apparently, the decor and the counseling worked together to defuse some potentially explosive situations. In the curiously negative measure that counselors learn to value, nothing happened.

While more than 1,000 employees used this service on an average of 3 times each last year, the fraction of that group who threatened to harm themselves or others were persuaded not to do so.

In recent weeks, more than 130 supervisors from ADAMHA have attended Employee Assistance Seminars conducted by the Counseling Service. Since attendance is voluntary, it is clear that supervisors are very much aware of the importance of a counseling service for troubled employees.

In the future, new seminars will be held with other agencies, and materials developed under contract will be revised to reflect the needs and interests of both employees and their supervisors.

Zimmern stressed that if a supervisor feels that personal problems are affecting an employee's work for a protracted period, and the employee is not receiving professional counseling from another service, the supervisor must tell the employee of the availability of the Counseling Service.

If the employee is disciplined, and later found to be handicapped by a condition beyond his or her control, such as alcoholism or mental illness, Zimmern noted, the supervisor's failure to refer the employee to counseling could be the basis for a countersuit and may result in a reinstatement of the employee with restoration of all pay and allowances.

While this may seem a positive outcome to some, it may not be in the best interests of the Government or the handicapped employee, she said.

The Counseling Service is located in Room 13A-40, Parklawn Building, 443-4357.

—Walter Clark, ADAMHA

Dr. Annette Zimmern, Barbara Bartley, and Kathleen Birjandi of the Parklawn Counseling Service.

8/13

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

PRESIDENT ANNOUNCES ANTI-DRUG ABUSE INITIATIVE

President Reagan took a personal stand against drug abuse June 24 when he urged the Nation to "get away from the fatalistic attitudes of the late '70s and assert a positive approach that involves as many elements of this society as possible."

He backed up his declaration with an Executive Order which creates a Drug Abuse Policy Office in the White House Office of Policy Development.

Dr. Carlton Turner, Senior Policy Advisor for Drug Policy since 1981, was named Director of the new office.

The President also met with 19 Federal agency heads—among them, ADAMHA Administrator William Mayer, NIAAA Acting Director Loran Archer, NIDA Director William Pollin, and NIMH Director Herbert Pardes—and directed them to work with the Drug Abuse Policy Office on a 1982 Federal Strategy for Prevention of Drug Abuse and Drug Trafficking, due to be released in late summer.

At a special ceremony in the White House Rose Garden, President Reagan charged the Federal chiefs to report to Turner "within 2 weeks with your suggestions" on ways to achieve the proposed strategy's two major goals: reduction of drug supply by intercepting drugs smuggled from abroad, and reduction of drug demand by educating young people and their parents about the dangers of drug abuse.

Recounting the Administration's successes to date in achieving these goals, the President praised the efforts of First Lady Nancy Reagan and Vice President George Bush, both of whom joined him at the signing of the Executive Order.

He credited Bush with directing a highly effective task force on a drug smuggling in South Florida which has dramatically reduced marijuana and cocaine trafficking in that area.

He also expressed great pride in Mrs. Reagan's work with parents' groups across the country. In recent months, the First Lady has traveled extensively to raise national awareness of drug abuse among youth and stimulate private sector involvement.

See REAGAN (P. 2, Col. 1)

INSIDE . . .

What Makes Treatment Succeed? 5

U.S. Department of Health and Human Services
July 16, 1982
Vol. VIII
No. 13

Schizophrenia Tends To "Burn Out" In Later Life, Say Researchers

There may be light at the end of the tunnel. Schizophrenia is not necessarily the hopeless mental illness so often depicted in the literature, said researchers reporting the latest findings at a recent NIMH meeting on schizophrenic disorders in later life.

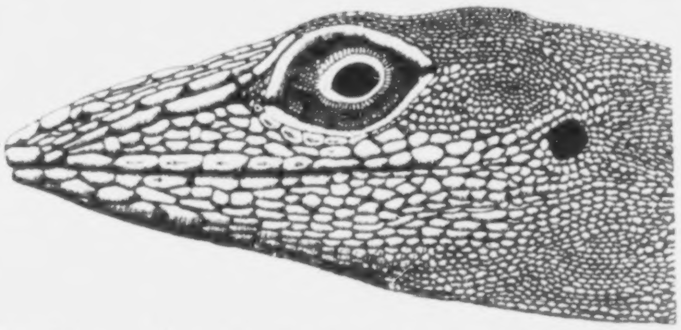
Cosponsored by the Center for Studies of the Mental Health of the Aging and the Center for Studies of Schizophrenia, the meeting brought 31 speakers to the NIH campus to share information about the precursors, course, and treatment of schizophrenia among the elderly.

Between 20 and 30 percent of schizophrenic patients recover completely, and some 40 percent improve markedly, according to Dr. Luc Ciompi, Socio-Psychiatric University Clinic, Berne, Switzerland. He told attendants that three long-term Swiss studies, which followed some patients for as long as 36 years, found that only 20 percent retain severe residual effects of the illness.

See ELDERLY (P. 3, Col. 1)

THE REAL 'SECRET'

Chameleon Skin Holds Key To How Neuron Works



In the book that inspired the cartoon feature film, "The Secret of NIMH" (currently being shown at local theatres), a fictitious "Dr. Schultz" injects rats with a drug that makes them smart—so smart, in fact, that they figure out how to open their cages and escape to establish their own advanced civilization.

In real life, an NIMH intramural researcher, Dr. Thomas O'Donohue, has been studying a naturally-occurring brain substance, alpha MSH (melanocyte stimulating hormone), which, when injected in rats, enhances their learning and memory—and does the same for humans as well.

O'Donohue's rats, given shots of alpha MSH, have hardly waxed brilliant enough to read the instructions on their cages as their fanciful counterparts do. But in the fantastic event that they ever did escape, their first adventure would likely be with lizards in O'Donohue's lab.

For the real "secret of NIMH" is this: the cell on the skin of the chameleon lizard that mysteriously turns from green to brown holds the key to understanding the cell in the rat and human brain that secretes not only alpha MSH but also the opiate peptide beta endorphin.

The same chemical mechanism that adapts chameleons to their environments via camouflage adapts mammals to theirs via a transformation of the limbic cell called the opiomelanotropinergic neuron. The neuron changes from one which induces heightened

See SECRET (P. 7, Col. 1)

HE 20.8013:

Kosterlitz Speaks on Enkephalins

Dr. Hans Kosterlitz, an award-winning scientist who is a long-time NIDA grantee, visited the Institute May 21 to speak on his landmark 1975 discovery of enkephalins in the central nervous system.

"Enkephalins," a term Kosterlitz coined from the Greek word for "brain," are endogenous or internal short-chain peptides. Along with endorphins, which are long-chain peptides, enkephalins produce effects much like those of morphine and other opioid drugs.

The discovery of these peptides served as a breakthrough in the field of neurobiology, Kosterlitz explained, because it was a critical step in understanding the complex brain mechanisms underlying the perception of pain and pleasure.

Following the discovery of specific opiate receptors in the brain, Kosterlitz reported, he applied sensitive assays of animal tissues to identify endogenous opiate-like substances that bind to these same receptors.

Using these assays, Kosterlitz found enkephalins in strategic neuronal pathways in the spinal cord and in many brain structures including the hypothalamus and associated pituitary gland. This led him to speculate that they might play an important role in biological processes as varied as respiration and mood, and even in mental illnesses such as schizophrenia.

Dr. Hans Kosterlitz with Dr. William Pollin, NIDA Director

Kosterlitz emphasized that many basic research questions related to enkephalins, endorphins, and their receptors have yet to be answered. While many studies have pinpointed the chemical and pharmacological properties of these endogenous opioids, he reported, much less is known about their biosynthesis, the mechanisms which regulate their release from nerve endings, and their interactions with the exogenous opioids such as morphine.

Research in these areas might stimulate the production of a more effective drug treatment to counteract and block the negative effects of the opiate class of drugs, he suggested. In particular, he said, there is a need for industry to produce a better antagonist which would last longer and have fewer side-effects than those currently available, such as naloxone.

The fact that the brain produces its own peptides has opened the search for other peptides and for insight into the roles they play in central nervous system function and behavior.

Understanding the roles of the enkephalins and other endogenous peptides will go a long way toward improved understanding of the human brain and behavior, he concluded.

Kosterlitz received his M.D. from the University of Berlin and a Ph.D. and D.Sc. from the University of Aberdeen, Scotland, where he currently is the Director of the Unit for Research on Addictive Drugs. He received the NIDA Pacesetter Award in 1977 and the prestigious Albert Lasker Award in 1978.

—Lenore Gelb, NIDA

REAGAN *from page 1*

"I also heartily applaud the education and prevention efforts of the parents movement," Reagan said. He encouraged the drug abuse field to draw on volunteer resources, especially parents and educators, for help in what he believes is a most urgent task: namely, alerting young people to the danger of drugs.

When Mayer reported to the President on the agency's efforts to reduce the demand for drugs, especially among the Nation's youth, President Reagan responded that the solution to the problem has to lie in a person's decision not to use drugs and not only in law enforcement.

The President voiced particular concern over the "false glamor" that marijuana holds for teenagers, an issue reiterated by Turner in a press conference following the ceremony. To help demonstrate marijuana's potential for destruction, Turner compared it to alcohol, a licit drug also favored by youth which has a "responsibility for 26,000 people killed on the highway each year."

Marijuana and alcohol use among students will be a chief target of the Administration's crusade against drug abuse, Turner announced.

In response to a reporter's query on how the Administration will gauge the success of its efforts, Turner cited three "measures" of the impact of prevention activities: the annual NIDA high school survey; the extent of parents' organized involvement throughout the Nation; and the number and amount of drug traffic intercepts along U.S. borders.

* * *

ADAMHA Administrator William Mayer joined top officials from the Departments of Defense and State in a special briefing for President Reagan at the White House June 24 on the health, military, and international aspects of drug abuse in the United States.

Mayer told the President:

"While 70 percent of our youth have used marijuana, and cocaine use has risen dramatically, our latest data confirm a 3-year reduction in the use of marijuana, PCP, and cigarettes.

"We have supported the parents' movement across the country,and disseminated 5 million drug abuse publications in the past year, and initiated major public education and deglamorization programs on drugs and alcohol.

"Our national drug abuse warning network, DAWN, detects and anticipates sudden changes in drug abuse trends. Our researchers have recently developed reliable detection equipment, making it possible to detect drug usage in persons with critical and dangerous jobs in defense and the nuclear industry.

"Researchers also have discovered morphine-like natural chemicals in the brain that appear to play a role in drug dependency and may be a key to treatment. We are developing two new treatment drugs, LAAM and Naltraxone, to improve the treatment of addiction, and we assess new drugs for their abuse potential.

Dr. Carlton Turner

"A most important research accomplishment has documented the serious health consequences of marijuana use, and I have recommended a Surgeon General's Advisory to alert the public to that drug's effects on thinking, motor skills, reaction time, and on the heart and lungs.

"Our commitment in all of these activities is to reduce the demand and use of drugs, especially in our young people. Mrs. Reagan's activities have given a tremendous boost to all our efforts."

Dr. Steven Sharfstein Leaves NIMH for APA Post

Dr. Steven Sharfstein, NIMH Associate Director for Behavioral Medicine, will be leaving the Institute to join the staff of the American Psychiatric Association (APA)

He will assume his duties as Deputy Medical Director of APA next January under the directorship of Dr. Melvin Sabshin.

Sharfstein describes the move as "a return to the political arena in Washington." His new post will involve him in a broad range of policy and management issues of concern to the Association. Among these are a greater emphasis on reintegrating psychiatry with mainstream medicine, achieving economic justice for the mentally ill, and focusing on the problems of the socially disabled.

During his 5 years as Director of the NIMH Division of Mental Health Service Programs (1976-1980), nearly 300 community mental health centers were established. He worked with the President's Commission on Mental Health and had a role in planning the Mental Health Systems Act (P.L. 96-398). Called as a principal witness at the House hearing which preceded enactment of the Act in 1980, he created some amusement when he told Congressman Waxman (Calif.), "I appreciate the opportunity today to get out of the Parklawn Building."

While Division Director, Sharfstein launched the Community Support Program (CSP), designed specifically for the chronic patient. CSP is carried out through the States to help combine health and social resources in communities to rehabilitate chronically mentally ill patients. According to Sharfstein, these are "the number one mental health clients."

Another project he initiated was the linkage of health services and community mental health services, accomplished by hiring professionals to work in health centers as part of an overall contract between the two services.

Sharfstein credits Dr. Samuel Buker, former Deputy Director of the NIMH Services Division, with much of the Division's achievements. "If I had any success in the service programs," he says, "it was due to my working closely with Sam Buker."

Since assuming his present post at the NIH Clinical Center, Sharfstein has developed a program on consultation/liaison psychiatry and has been conducting research in behavioral medicine.

He is the author of 44 publications, mostly on care for the mentally ill and community mental health issues. He is co-author with

Dr. Henry Foley of a forthcoming book, *Madness and Government*, to be published by the American Psychiatric Press.

Sharfstein received the Harry C. Solomon Prize for best research paper in psychiatry in 1974. In 1980, he received the ADAMHA Administrator's Award for Meritorious Achievement and in 1981, he was awarded a Senior Executive Service Bonus Award.

He reflects, "My experience in my dozen years of government service leads me to particularly appreciate the people of NIMH and the critical national leadership role they continue to play in improving treatment and service opportunities for the mentally ill. I predict that this national leadership role will continue undiminished into the 21st century."

—Myrle Kahn, NIMH

ELDERLY

from page 1

Noting that 40- to 50-year followups of schizophrenics carried out in Russia reported similar findings, Ciompi said that some patients get better as late as age 70 after years of serious illness. The aging process appears to have an ameliorating effect on many patients, with the most severe symptoms seeming to burn out, he reported.

Similar results have been found in this country by Courtenay Harding, University of Vermont, who has been following 270 patients released from the Vermont State mental institution since 1955. "Most were released to halfway houses and received a good deal of rehabilitative support," Harding said.

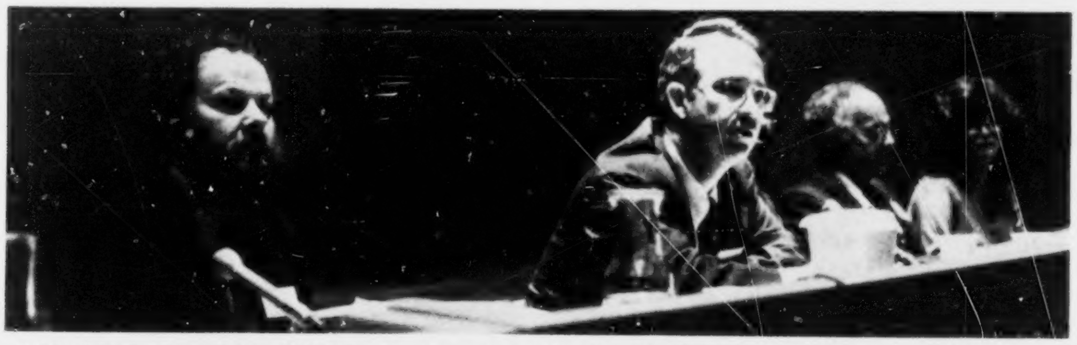
Because of the stability of Vermont's population, Harding has been able to locate and retest 97 percent of those former patients who still are alive and has found them to be doing well.

Although most have been chronically ill, poorly educated, and of low socioeconomic status, they are leading moderately to very full lives, she noted. There is no evidence of symptoms in 73 percent of the cohort, 82 percent of whom are over 60 years old.

"These findings contradict notions of unitary outcome in schizophrenia. Some patients have improved across all measures; some are poor on all measures. But a larger cluster have a mixed outcome, improved on some and not on others. I believe that the American attitude toward schizophrenia is too negative," Harding concluded.

Outcome for schizophrenia may be more related to environmental factors than to genetic predisposition, according to Dr. John Wing, Institute of Psychiatry and London School of Hygiene. His finding is confirmed by Ciompi and others.

See ELDERLY (P. 4, Col. 1)



Left to right: Dr. Gene Cohen, NIMH; Dr. John Davis, Illinois State Psychiatric Institute, Dr. Dilip Jeste, NIMH (hidden); Dr. John Kafka, George Washington University School of Medicine; and Dr. Nancy Miller, NIMH.

ADPA Meeting

NIDA and NIAAA will collaborate in the 33rd national meeting of the Alcohol and Drug Problems Association (ADPA), August 29-September 1, at the Hyatt Regency in Washington, D.C.

The ADPA meeting, which will focus on the theme "Growing Together for Changing Times," is the largest single conference for professionals in the alcohol and drug abuse field being held this year.

NIDA will sponsor a series of six workshops at the meeting. The topics are: "NIDA Research Priorities, Future Plans, and Funding Procedures"; "Drug Abuse Epidemiology"; "Networking"; "Technology Transfer: Critical Issues"; and "Media: Who, What, Why and How."

NIAAA also will be presenting workshops on such topics as quality assurance and counselor credentialing.

The Institute's participation in the meeting is part of an ongoing effort by the Institutes to collaborate with the private sector and to make technology accessible to a broader constituency in the substance abuse field.

For information on registration, write or telephone ADPA at:

ADPA Conference Office
1101 15th St., N.W., #204
Washington, D.C. 20005
(202) 452-0990

—Lenore Gelb, NIDA

ELDERLY *from page 3*

Wing reported that changes in the environment of three English treatment facilities demonstrated that negative symptoms could be controlled by social climate. Improved environment led to reduced symptoms.

In addition, he reported, studies of family interactions with patients indicate that some family styles exacerbate the patient's condition and lead to more frequent relapses. Some patients wisely learn to distance themselves from destructive family environments, but, he stated, intervention with family members designed to help them be more supportive of patients who are their relatives may be the most useful endeavor for prevention as well as rehabilitation.

A major issue discussed at the meeting revolved around the differences and similarities of schizophrenia and paraphrenia, a schizophreniform disorder that occurs in later life.

Sir Martin Roth, Cambridge University, noted differences between paraphrenia and schizophrenia, but postulated that the illnesses represent a continuum rather than a spectrum of symptoms, ranging from early childhood schizophrenia to paraphrenia.

Paraphrenics retain striking, somewhat eccentric personality characteristics throughout their lives, in contrast to earlier-onset schizophrenics, whose personalities become dulled and flattened with time, said Roth. In a group of paraphrenics he studied, the average age of onset was 66, and most had had very successful and distinguished careers until then.

Paraphrenics also tend to have a history of sensory loss, particularly of hearing and in some cases of sight. According to Roth, the first stage of paraphrenia is denoted by extreme suspiciousness and a tendency toward self-seclusion, symptoms which may be an outgrowth of increased deafness or blindness experienced by the older patient.

"The second phase of the illness is the appearance of frank psychosis which begins suddenly with particularly florid auditory hallucinations," said Roth. Patients often become aggressive; some become paranoic. The second-phase symptoms satisfy the DSM-III criteria for schizophrenia with the exception of onset age, he noted. Further, he continued, psychotic symptoms are alleviated by neuroleptics and reoccur when drugs are withdrawn, as is the case for most schizophrenics.

Late-onset paranoia was found by several researchers to occur more often in females than males. They called for further studies to explain the phenomenon. Another sex difference requiring study, according to Dr. John Strauss, Yale University, is the typical 5-year lag in early-onset schizophrenia among females as compared to males. On the average, the illness emerges in males when they are in their early twenties as compared to its appearance in females when they are in their mid-twenties.

Some participants suggested that the apparent 5-year symptom delay in young women may be a result of their of being protected in the home for a longer time than are young men.

Dr. Caleb Finch, University of Southern California, who spoke on biological aging in relation to schizophrenia, suggested that investigators look into possible hormonal contributors to younger onset of schizophrenia among males and the larger representation of females among late-onset paranoics.

Physiological and biochemical concomitants of schizophrenia were addressed by a number of participants from differing viewpoints. Dr. Joyce Kovelman, speaking for Dr. Arnold Scheibel, UCLA, described studies of 32 brains of deceased paranoid-schizophrenics which focused on the hippocampus, an area of the brain thought to be involved in delusions.

In contrast to the orderly position of brain cells typically found in normal individuals, most of the brains examined showed rotated and irregularly positioned cells, reported Kovelman. The malposition of brain cells may cause changes in neuronal connectivity manifested in behavioral changes, she suggested. Although not all schizophrenic brains show this phenomenon and some normals do, Kovelman postulated that a genetic variant may influence hippocampal development and create vulnerability to schizophrenia in some people.

Dr. Daniel Weinburger, NIMH, reported that Institute researchers could not replicate Kovelman's findings, but believe somewhat different protocols might account for the different outcomes. Weinburger also reported that CAT scan studies showed enlarged brain ventricles among some schizophrenics, an indication of brain cell atrophy not associated with aging or long-term institutionalization (see *ADAMHA News*, Vol. VIII, No. 8, May 7, 1982).

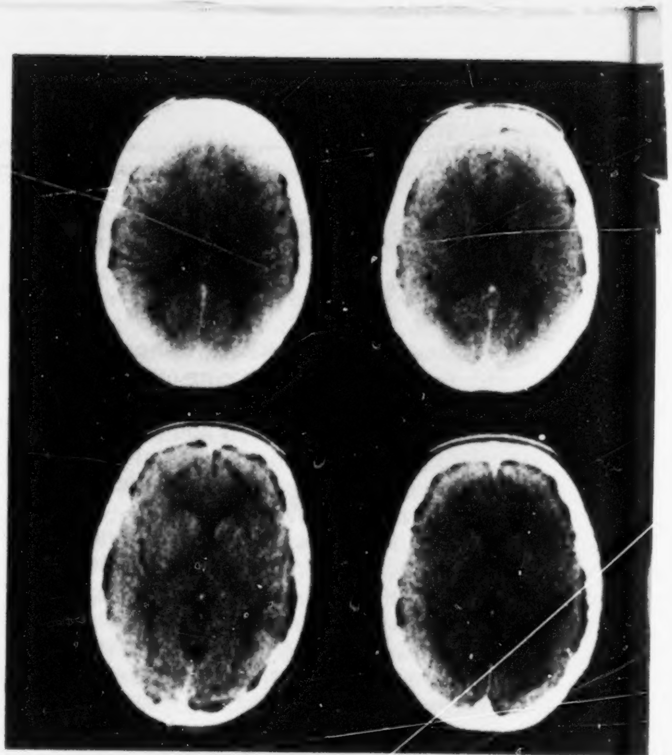
Other reports dealt with cognitive functioning, various types of treatment, and drug-induced side effects. On the third meeting day, participants broke into four small groups to make specific recommendations for future activity.

Most recommendations dealt with research needs, but a number referred to changes in DSM-III. Among these were recommendations to include the diagnosis "paraphrenia" in DSM-III and to remove age criteria from schizophrenia and other pathological classifications.

Dr. Robert Spitzer, New York State Psychiatric Institute, who chaired the task force that developed DSM-III, noted that, "It will be very useful to have a category 'paraphrenia' for individuals who meet the symptomatic criteria for schizophrenia. However, I do not agree that age limitations be removed as a criteria for schizophrenia."

A full report of the meeting, to be available at the end of this year, is being prepared by Dr. Nancy Miller, NIMH Center for the Studies of the Mental Health of the Aging, who organized and chaired the conference.

—Marilyn Sargent, NIMH



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Schizophrenic Quads Not Id

A set of identical quadruplets, all schizophrenic and the subjects of long-term NIMH research, do not appear to have identical forms of the disorder, reported Dr. Allan Mirsky, Chief, NIMH Laboratory of Psychology and Psychopathology, at the recent meeting on schizophrenic disorders in later life (see p. 1).

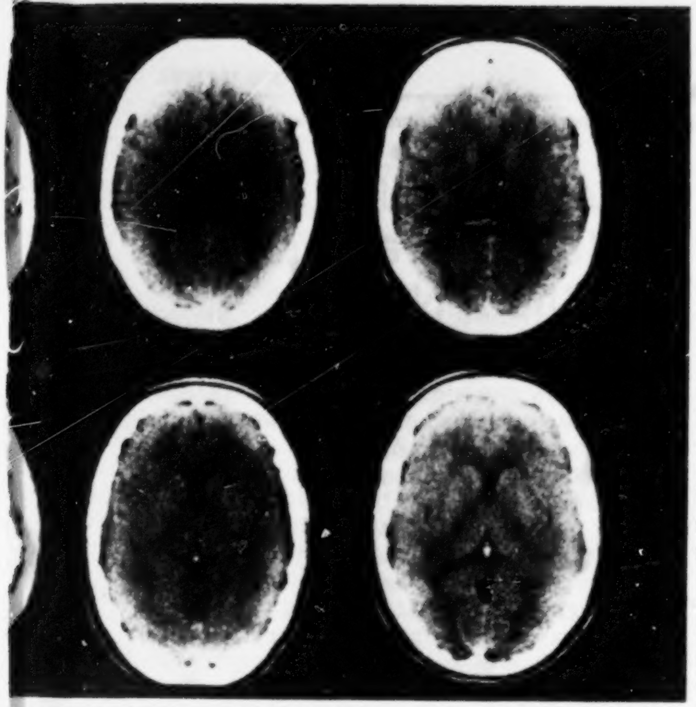
Now 52 years old, the Genain quadruplets were first seen in 1958 by Dr. David Rosenthal, formerly of the Institute, who published a book on the quads and has remained in contact with them. At Rosenthal's suggestion, Mirsky invited the quads back to NIMH this year for new studies, made possible by recent technological advances, to see if further light could be shed on their disorders.

CAT scans and biochemical measures did not differentiate the four women, said Mirsky, but PETT scans and EEG measures support observations that two of the quads have a more severe form of the illness.

PETT mappings show that Nora and Hester utilize less glucose than do Iris and Myra in the frontal lobes of their brains, an indication of more dysfunction in organizing incoming information. (The names have been fictionalized by NIMH intramural scientists, many of whom contributed to the study).

Further, EEG measures indicate that Nora and Hester also have more impairment in their thinking processes and in responses to stimuli. Nevertheless, Nora has been able to function better than either Hester or Iris for

The Genain quadruplets at their 52nd birthday party



the brain of a Genain quadruplet. Mirsky notes that the brains are virtually
the ventricle.

ot Identically Ill, Studies Show

most of her life, possibly because her mother tended to pair her with Myra, the most functional of the quads, suggested Mirsky. Myra and Nora were the larger of the quads, favored by their mother, and treated as more gifted, he explained. Iris seems to have been inappropriately paired with her sister, Hester, the most dysfunctional quad, he noted.

In relating their histories, Mirsky said that the quads were somewhat famous in their early childhood, often performing on stage for fund-raising events. Ironically, their mother turned down an offer of a Hollywood contract because she wanted her children to lead normal lives, said Mirsky.

Hester was the first to become ill. Severely symptomatic by 18, she was unable to finish high school and was hospitalized. Within 5 years, Iris and Nora also were hospitalized. Myra, the last to become ill, has been the least ill. She is married and has two children.

At present, all are on medication and functioning normally. Three of the girls are living at home with their mother; Myra resides with her husband and family, Mirsky reported.

In his attempts to explain the different outcomes in the quads, Mirsky postulated that unequal stresses and expectations placed on them by the family may account for some of the variation in the course of their illness. Differences in birth order also may have played a role. Nora, the firstborn, may have been subjected to extra pressure on her head as she made her way through the birth canal, which may have caused brain damage. Hester, born after the presentation of the placenta, may have suffered from oxygen deprivation, also leading to brain damage, Mirsky guessed.

Genetic factors are obviously involved in their illness, but vulnerability to brain damage combined with environmental stressors probably influenced the manifestation of the illness in each quad, Mirsky concluded.

—Marilyn Sargent, NIMH

Research on Psychotherapy— Just What Makes Treatment Succeed?

Just what makes a medical treatment succeed often remains unknown. It works, and the patient reports feeling better—but until the "vital ingredients" have been isolated, medical progress is not made, said Dr. Martin Orne in his talk on "What Kind of Research Approach Captures the Essence of Psychotherapy?" at the second seminar of the *Frontiers of Mental Health Research* series sponsored by the NIMH Division of Extramural Research Programs.

Citing an historical example, Orne related how practitioners in the 17th century discovered that a mixture of foxgloves, cow dung, and herbs constituted a very effective tonic for people with heart trouble. But until pharmacologists isolated the healing or vital ingredient of the concoction—foxglove, a form of digitalis—physicians didn't know how the tonic worked, and medical knowledge remained stymied.

Noting that psychotherapy has recently come under fire from third-party payers and some legislators to prove its efficacy, Orne remarked that although therapy has a remarkable degree of success, the essential components remain largely unknown.

"Success, while important, is not the only way to judge a treatment," Orne observed. "We can't afford to ignore process; we must be deeply committed to try to understand, in a rational way, how the process works.

"Is the length of therapy an important factor in its success?" he posed. "How important is the relationship between the therapist and the patient? What role do expectations play in the success of the therapy?"

Most people would prefer today's second-rate surgeon to yesterday's first-rate surgeon, Orne speculated, because scientific methods of surgery have vastly improved over the past 100 years. But the same cannot be said for psychotherapy, he countered: most people would choose Jung, yesterday's first-rate therapist, over today's second-rate therapist.

Scientific methods have not yet made great inroads into psychotherapy, said Orne.

He cautioned against studies seeking to compare one form of psychotherapy to another. "Comparing approximately 250 types of therapy would prove to be an impossible task; the financial costs would come close to matching the sum total of the national debt." There are trivial differences among the many therapies, he said, and concern about therapeutic outcome has overshadowed concern about therapeutic process.

For instance, Orne noted, the treatment of phobias includes such varied behavior modification methods as flooding (surrounding an individual who is terrified of snakes with 10 cages of snakes), exposure (placing the individual in a room with just one caged snake), and desensitization (placing the individual next door to a caged snake and gradually working the person up to sitting in the room with the caged reptile, etc.). All have nearly the same success rate, he said, and all achieve similar results.

He urged that a series of studies be conducted which focuses on pulling apart the whole and finding the essential components.

Orne described one study in which a group of patients was taught self-hypnosis techniques to control pain and scheduled for weekly appointments with a therapist. Approximately 2 days before their first weekly appointments, all reported that the pain had returned, even though the previous 5 days had been pain-free.

The researchers found that a phone call from the therapist approximately 3 days before the appointment made a great difference: patients reported a week free from pain. In this case, telephone contact with the therapist proved to be a key element in the success of therapy.

In another experiment, patients about to enter therapy were given a 1½-hour instruction period on how to behave in therapy and were told that therapy would last 16 weeks. These patients had much better results than patients in a control group who did not receive the instruction period or the deadline. The essential ingredient for the success of the treatment proved to be equal expectations on the part of both the therapist and the patient.

Orne concluded that the task of science is to "reduce the nonspecific effects" of therapy and to discover and understand the specific effects.

Dr. Martin Orne

Orme received his undergraduate degree from Harvard University, his M.D. from Tufts University, and his Ph.D. from Harvard.

A professor in the Department of Psychology at the University of Pennsylvania, Orne currently holds several editorial positions and belongs to a number of professional societies. He also is a foremost researcher in hypnosis.

—Judy Folkenberg, NIMH

INDOCHINESE REFUGEE COMMUNITY TURNS TO REGIONAL OFFICE FOR HELP

Dr. Stephanie Stolz, Y.B. Rhee, and Dr. Tran Minh Tung

Leaders of a large Indochinese refugee community in Kansas City, Kans., turned recently to HHS Region VII officials when they became concerned about increasing instances of severe depression and several suicide attempts among their people.

Dr. Stephanie Stolz, Director, Region VII ADAMH Division, said, "While looking into the problems of this community, we discovered wide cultural and social differences that impacted in a very significant way on identifying and treating the various Indochinese refugee groups."

As a result, Stolz said, the Regional Office staff decided to hold a regional conference to help area refugee and social service workers become sensitive to the mental health needs of each Indochinese refugee group in the area. These include Vietnamese, Hmong, Laotian, Cambodian, and ethnic Chinese.

"Although the social service and refugee resettlement agencies provide job retraining, vocational guidance, and English-as-a-second-language training, little guidance is available for social adjustment, and virtually nothing is done on mental health promotion or prevention of mental illness," said Stolz.

"Yet," added Y. B. Rhee, Regional Health Administrator, who came to this country 25 years ago from Korea, "the Indochinese, most of whom left their country suddenly and under extremely adverse circumstances, brought with them the mental health problems and trauma associated with war, expatriation, cultural and social transplantation, and sudden and radical life changes."

Many of the "new Americans" are inadequately prepared for successful coping in the United States, Rhee said. He dislikes the term "refugee," he said, because it labels people and creates instant attitudes of inferiority.

The recent 2-day conference, which was attended by nearly 175 professionals who work with refugees, was cosponsored by the Region VII ADAMH Division and Office of Refugee Resettlement and the University of Kansas School of Nursing. The theme of the conference was *Refugee Mental Health: Paths to Understanding and Helping.*

Ninety percent of the participants indicated that they had occasion to deal personally with refugees who had problems associated with social adjustment or mental health, and that they did not know how to handle the problems.

One keynote speaker, Dr. Tran Minh Tung, a Vietnamese psychiatrist practicing in Falls Church, Va., stressed the importance of multi-service agencies to meet the needs of these populations.

"Refugees who are severely depressed or have other mental health problems won't benefit from job counseling or any other type of training unless emotional and stress-related issues are addressed," he stated. Those services must be provided, but the social adjustment and mental health needs are equally important, he added.

Bruce Thowpaou Bliatout, Executive Director of Refugee Orientation Center, Portland, Ore., who also was a keynote speaker, described numerous prevention activities that mental health and social service agencies could undertake to assist refugees in social adjustment and to promote mental health.

"By this I mean we must support the existing family structure, involve traditional healers in mental health and health care, and acknowledge the refugees' former status in their home countries."

The Portland Refugee Orientation Center is under the auspices of the Southeast Asian Refugee Federation. Bliatout, a Hmong who was born in Laos, has been living in the United States for nearly 15 years.

Addressing the audience of social service and refugee resettlement agency workers, mental health professionals, school counselors, and State mental health agency staff, Bliatout stressed, "Don't fuss over the refugees so much. We've been through a lot, and we've survived."

Both speakers noted that overconcern by agency personnel "infantalizes" the refugees and works against social adjustment and mental health.

Additional financial support for the conference came from the U.S. Catholic Conference and the Lutheran Immigration and Refugee Service. The program was offered for continuing education credit for social workers and nurses through the auspices of the University of Kansas and the Kansas Behavioral Sciences Regulatory Board.

Postscript: When the conference was over, Bliatout spent a day in the Hmong community that originally had asked for help. He met with 24 community leaders to discuss preventive programming, and with nearly 60 youth to discuss their social adjustment and mental health needs. The sessions were conducted almost entirely in the Hmong language.

—Will Pinder, ADAMHA

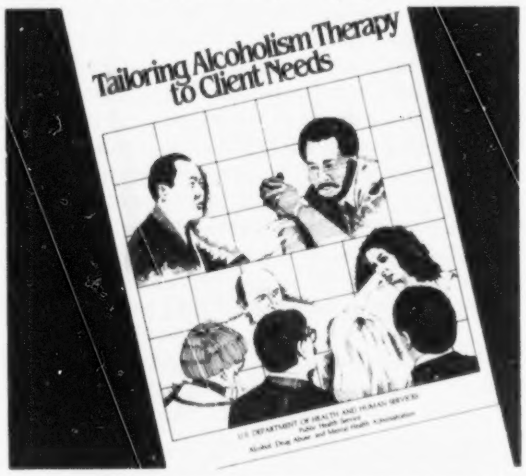
Alcohol Publication: Tailoring Treatment To Client Needs

As an aid to practitioners who must treat alcoholics with a wide variety of needs, NIAAA has published a survey of available research on "Tailoring Alcoholism Therapy to Client Needs."

As the introduction to the monograph states: "An opinion widespread throughout the alcoholism field is that treatment effectiveness will be maximized by tailoring therapeutic approach to fit the type of client served . . . However, there has been little systematic review of which treatment approaches are best for which kinds of clients, and if clients vary in their response to diverse therapeutic techniques.

To fill the information gap, the monograph examines three main client-treatment factors:

- *Measures of treatment outcome*—These are categorized by drinking behavior (consumption, physical symptoms) and psychosocial functioning. While drinking behavior "seems to more closely reflect the immediate effects of treatment than . . . psychosocial functioning," the monograph concludes that "the use of multiple-outcome criteria appears advisable."


Tailoring Alcoholism Therapy to Client Needs
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

- *Client characteristics predictive of outcome*—The monograph finds that "measures of social stability" including older age, Caucasian race, steady employment, and stable marriage "have been the most powerful of the sociodemographic predictors of treatment success."
- *Therapeutic factors affecting outcome*—"Successful outcome appears to be more closely related to treatment amount then treatment length," the monograph says. It also reports that neither group nor individual therapy has been demonstrated as effective for treating alcoholics.

"Tailoring Alcoholism Therapy to Client Needs" was written by Dr. Susan Solomon, Services Analysis Branch, NIAAA Division of Alcoholism Services Development. It is the first in a series of publications which the Branch will issue on alcoholism treatment issues.

SECRET *from page 1*

attention by secreting alpha MSH to one which numbs pain by secreting beta endorphin.

"The chameleon skin cell (melanocyte) serves as a model for the neuron because it is embryonically derived from the same source and contains alpha MSH and beta endorphin receptors," explained O'Donohue, who carried out his experiments in the NIMH Laboratory of Clinical Science with his wife, Dr. Gail Handelmann, and Dr. David Jacobowitz.

"In the brain, you have billions of neurons. It's very hard to look at a specific one," said O'Donohue. "An isolated cell like the chameleon's melanocyte allows you to study the molecular-mechanisms without all the interfering interactions of other neuronal systems."

Dr. Thomas O'Donohue

Research on the melanocytes has demonstrated the first clear-cut example of a transmitter being fine-tuned by a modulator. In this and related studies, the researchers also have identified enzymes that unlock the secret of the neuron's ability to transform itself. The work is pointing the way to possible development of a new kind of addiction-free painkilling drug.

Just within the past decade, neuroscientists have had to drastically revise their theories of how neurons work. They used to think each brain cell secreted just one chemical messenger—or neurotransmitter—which carried the nerve impulse across the synapse to an adjoining neuron.

The work on the opiomelanotropinergic neuron adds to what has now become overwhelming evidence that neurons actually release more than one such neurojuice.

One substance, the neurotransmitter, serves as the primary carrier of the message, while the others may serve as neuromodulators, potentiating or inhibiting the postsynaptic action of the neurotransmitter by binding to related receptor sites on the receiving neuron.

See SECRET (P. 8, Col. 1)

Why Are Women More Susceptible To Agoraphobia?

The differences between men and women—biologically quite obvious—also are significant in statistics for certain mental illnesses.

For example, an estimated 64 to 95 percent more women fall prey to agoraphobia (an abnormal fear of leaving one's home or other safe environment), according to Dr. Barry Wolfe, Assistant Chief, Psychosocial Treatment Branch, NIMH Division of Extramural Programs, who has written extensively on the subject. Part of the explanation for women being more susceptible to phobia, he believes, may have to do with the way society views women.

Phobias may be defined as an extreme and persistent fear of an object, event, or situation which objectively presents no real danger, says Wolfe. The person may fear the situation so intensely that he or she will avoid it at all costs, even to the point of altering one's routine or lifestyle.

An individual who fears heights, for example, might turn down a lucrative job offer on the upper floor of an office building.

Agoraphobic attacks can be crippling, Wolfe notes; many individuals report shortness of breath, palpitations, feelings of depersonalization, dizziness, and weakness in the limbs, or possible bladder and bowel incontinence.

As to the preponderance of agoraphobia among women, one must look at how our culture raises and views them, Wolfe explains. Society expects men and women to act differently, ranging from the way they walk, talk, think, and dress, to norms for personality traits, erotic behavior, recreational activities, and the assignment of adult responsibilities.

"Typically," says Wolfe, "women are raised to be dependent, submissive, and passive; to rely on the male for sustenance and status; to concentrate on marriage, home, and children as their primary concern; and to refrain from asserting themselves or hungering after any kind of power."

The successful inculteration of these traits can be a fertile breeding ground for agoraphobia, he points out.

"Women are encouraged to be more fearful, are discouraged from displaying independent behaviors, and are, in fact, rewarded for being dependent, passive, and submissive rather than assertive or challenging."

Wolfe went on to say that these characteristics can lead to a diminished sense of autonomy, a crippled potential for mastering events, and a perceived need for constant protection.

All this adds up to a poor self-concept, which may make it difficult for a woman to face unfamiliar settings or situations away from the comfort and protection of her home; this sometimes leads to agoraphobia.

Wolfe reports that agoraphobic attacks often start during periods of transition in a woman's life, such as pregnancy, marriage, or a move. On the one hand, the woman is delighted with a new opportunity; on the other hand, she is frightened by the new responsibilities.

Dr. Barry Wolfe

For instance, he says, a woman who wishes to leave an unhappy marriage feels herself pulled in two directions: between the safety and financial stability of the marital home and the greater freedom and happiness but also the isolation of living alone. The intensity of such a conflict can send her into a panic which could be the beginning of an agoraphobic attack.

Wolfe admits that, as with any theory, there are bound to be some flaws. Other researchers hold that phobias are a response to some traumatic event in one's life, or result from observing another person's fear.

Conceding that these theories have some validity, Wolfe nevertheless argues that such explanations still can't fully account for more women than men becoming agoraphobic.

Wolfe remarks that the rise of feminism might decrease phobias among those women who are raised in a less dependent way. But there still remains a sizable number of women who were raised according to the strict "feminine ideal," he points out, and they may be susceptible to agoraphobia.

Approximately 65 percent of both women and men lose their phobic symptoms or improve substantially with behavior modification.

"Interestingly enough," says Wolfe, "some studies have shown that the mates of individuals who recover from agoraphobia—and in most cases, this means husbands—feel very threatened." They may fall into a depression over their spouses' recovery, believing that their wives no longer need them.

Some even experience an intense bout of jealousy when their wives improve, Wolfe reports. As long as his wife was housebound, the jealous husband need not wonder about her fidelity. But, with her recovery, the husband fears she may seek the company of other men.

"One wonders," Wolfe says wryly, "if some married men's emotional security depends upon their wives' emotional insecurity."

—*Judy Folkenberg, NIMH*

SECRET *from page 1*

O'Donohue and colleagues showed that in the melanocyte (and perhaps neurons), beta endorphin—the brain's own opiate—serves as the neuromodulator, while alpha MSH acts as the neurotransmitter.

Alpha MSH stimulates the darkening of the chameleon's skin, subject to some fine-tuning by beta endorphin.

In mammals, alpha MSH has been shown to produce additional effects that would surely interest "Dr. Schultz."

When injected in rats, it stimulates states of heightened arousal and improves performance on a number of learning and memory tasks. It has been shown to similarly improve performance on tests of visual attention in humans. At high doses, it causes hyperarousal or anxiety.

Beta endorphin plays a major role in the control of pain; at higher dosages, it can cause catatonia, a depressed state which is quite the opposite observed with alpha MSH.

In his studies with rats, O'Donohue uncovered the mechanism by which the opiomelanotropinergic cell can serve at one moment as an alpha MSH-secreting neuron that stimulates arousal and learning, and at another moment as a beta endorphin neuron capable of inhibiting pain.

The pivotal actor in the elusive transformation of the neuron turns out to be an enzyme (opiomelanotrospin acetyltransferase) which at once activates alpha MSH and inactivates beta endorphin through a chemical process called "acetylation."

"When the enzyme is turned off, the neuron will secrete active beta endorphin and inactive alpha MSH, so its role will be to produce analgesia," explained O'Donohue. "If the acetylating enzyme is on, the neuron's role is to induce arousal and perhaps anxiety."

He now is trying to develop a drug that will block the enzyme, thereby both enhancing analgesia and calming anxiety via presynaptic intervention.

"The problem with existing painkillers like morphine is that they act postsynaptically, chronically stimulating receptors to the point where they demand constant stimulation, which results in physical dependence and tolerance.

"If a drug can prevent presynaptic inactivation of endorphin by acetylation, the neuron will release all biologically active analgesic beta endorphin and inactive arousal-causing alpha MSH only in times of need. This may avoid chronic receptor stimulation and the ensuing development of tolerance and addiction," O'Donohue concluded.

—*Jules Asher, NIMH*

Greenspan Receives Strecker Award

Dr. Stanley Greenspan, Director of the NIMH Clinical Infant Development Program, has received the 1982 Edward A. Strecker Award of the Institute of the Pennsylvania Hospital, University of Pennsylvania Medical School.

Greenspan's selection, which was announced May 17 at the annual meeting of the American Psychiatric Association (APA), was based on his "outstanding research contributions to psychiatric treatment and patient care."

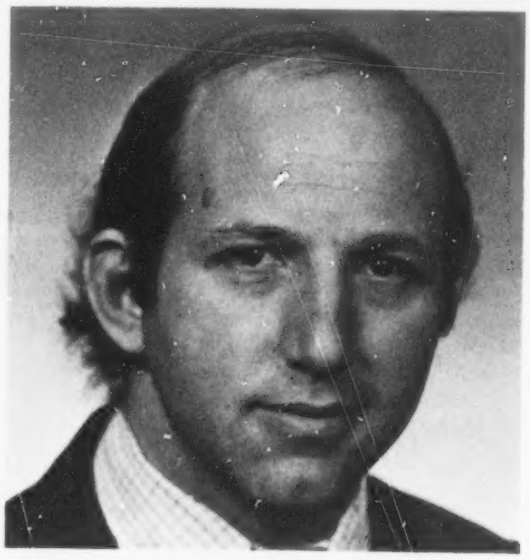
The selection committee specifically noted his clinical work on behalf of infants (and their families) who are at risk for emotional problems. He was cited for creating special classifications to help diagnose early infant developmental disorders. He also was praised for devising prevention intervention strategies that teach parents of at-risk infants to be more effective parents.

"The work being done by Dr. Greenspan is making a major impact on the ability of physicians to distinguish between normal and disturbed infant development as early as 2 to 4 months of age," said Dr. Newell Fischer, Director of Psychiatry, The Institute of Pennsylvania Hospital.

In 1981, studies of childhood depression garnered Greenspan and three colleagues the APA Blanche F. Ittelson Award for research in child psychiatry. He also has been honored with the Lucie Jessner Prize in Child Psychoanalysis and a PHS Special Recognition Award.

The current Chief of the Mental Health Study Center in Adelphi, Md., Greenspan is on the faculties of George Washington University Medical School and the Children's Hospital National Medical Center.

—*K.C., ADAMHA*



ANA ANDERS HONORED

Ana Anders, Director of Saint Elizabeths Hospital's Hispanic Affairs and Virgin Islands Services, was awarded COSSMHO's National Leadership Award in Behavioral Health and Human Services at its national conference in Denver May 13-15.

Dr. Richard Lopez presents COSSMHO award to Ana Anders.

COSSMHO, the National Coalition of Hispanic Mental Health and Human Services Organizations, is the national health and human services advocacy organization for Hispanics in the United States.

Anders, who has worked at the Hospital since 1961, was honored for championing the development of culturally relevant therapies for Hispanics and for establishing and directing the internationally renowned Hispanic Program at Saint Elizabeths.

A native of Cuba, Anders received her M.S.W. degree from the University of Havana and once served on the staff of the Cuban Social Welfare Ministry. Soon after she arrived in the United States as a refugee in 1960, she became the first social worker in the Florida Cuban Refugee Center in Miami and was awarded a DHHS Diploma of Honor for her efforts in behalf of these refugees. She also has received the 1978 ADAMHA Award for Meritorious Achievement and shared a 1981 ADAMHA group award honoring her program.

—*Don Coyle, St E's*

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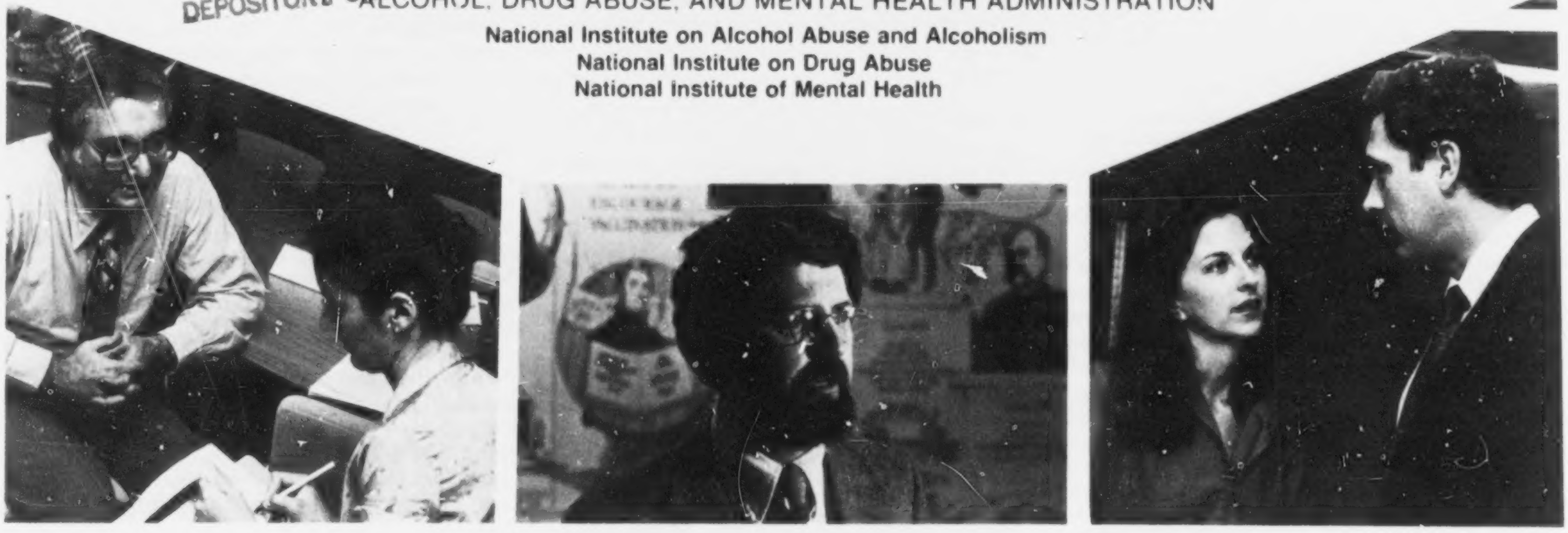

Drs. Larry Stein, Robert Cloninger, and Frank Putnam meet the press to explain their research findings at the June 29 Science Press Seminar.

SCIENTISTS REPORT FINDINGS AT ADAMHA PRESS SEMINAR

NIAAA-supported studies on inheritance of alcoholism at Washington University, St. Louis, provide new evidence that both genetic and environmental factors are involved in transmitting alcohol problems from parent to child.

The new evidence alters a longstanding assumption that environmental factors are principally responsible for alcoholism "running in families" through children imitating their parents' behavior.

The scientists also showed for the first time that there are two distinct forms of alcoholism, both of them inherited, but with different patterns of genetic and environmental influence.

The new findings were reported in one of three presentations at a recent ADAMHA Science Press Seminar, which spotlights research by grantees and staff scientists of the agency's Institutes. Others described an NIMH study of multiple personalty development and NIDA research on the cellular basis of drug addiction.

Dr. Robert Cloninger of the National Alcohol Research Center at Washington University reported that two types of alcoholism—called "male-limited" and "milieu-limited"—were identified in a detailed review of medical and social records of men and women born in Sweden and adopted at a very early age. Sweden was chosen for the study because its adoption records are more extensive than in other countries.

The "male-limited" type of alcoholism, Cloninger explained, tends to be passed only from natural fathers to sons. It is highly hereditary: sons of "male-limited" alcoholics in the Swedish sample experienced alcohol problems 9 times more frequently than the general population did, regardless of the environmental conditions in which the sons were raised after their adoption. This type of alcoholism is accompanied by many social problems but relatively few medical problems such as liver disease.

A much more common type of alcoholism, the "milieu-limited" form, can be inherited by

See PRESS (P. 3, Col. 1)

NIDA Meeting Explores Prevention Strategies

A technical review meeting sponsored by NIDA's Division of Research in early June brought together 20 scientists from diverse disciplines to focus on a major Institute priority: the prevention of drug abuse.

INSIDE . . .

Bright Light Fades Winter Depression 3

U.S. Department of Health and Human Services
July 30, 1982
Vol. VIII, No. 14

The meeting, "Interdisciplinary Analysis of Strategies in Drug Abuse Prevention," featured research reports from the fields of epidemiology, social psychology, medicine, sociology, and behavioral pharmacology—all seeking directions for future prevention research as well as evaluation of existing prevention strategies.

As Dr. John Grabowski, a NIDA scientist who was one of the meeting's organizers, explained, "This interdisciplinary forum was an attempt to find the common elements in varied approaches designed to change or eliminate drug abuse and related behavioral disorders."

Dr. Joseph Brady of Johns Hopkins University, who chaired the meeting, emphasized the need for a common language based upon function. For example, he said, any definition of prevention would have to incorporate "identifying and modifying the sources of control of drug-seeking and drug-taking behavior." Such sources would include the properties of the drug itself, its availability,

See PREVENTION (P. 2, Col. 1)

NIAAA Holds International Symposium On Stress And Alcohol

NIAAA collaborated with several private groups in sponsoring the First International Symposium on Stress and Alcohol Use, June 9-11, at Rutgers University.

Twenty-nine invited scientists came from Canada, Japan, Finland, Sweden,and 16 States to speak at the symposium. The group's exchange of research findings launched a new venture in the alcoholism field: according to Dr. Larissa Pohorecky of Rutgers' Center of Alcohol Studies, who organized the conference, "the interaction of

See STRESS (P. 4, Col. 1)

HE20. 8013:

PREVENTION *from page 1*

and the influences of family and peer groups.

Participants provided varied perspectives and strategies concerning prevention. Brady, a behavioral pharmacologist, said, "We need to explore the point of contact between basic experimental drug abuse research and applied prevention intervention initiatives."

Dr. Sheppard Kellam, a psychiatrist from the University of Chicago, added that prevention strategies constitute a range of options "from preventing behavior, to delaying behavior until some later point in the life span, to moderating use." Describing his own long-term epidemiological studies which indicated that shyness and aggressiveness in children are good predictors of later substance abuse and delinquency, he urged that prevention be viewed from "a lifespan developmental perspective."

"Prevention involves finding another way to change the environment."

Other participants emphasized the value of social-psychological predictors in drug abuse prevention. Dr. Richard Jessor, a social psychologist from the University of Colorado, noted that behaviors such as drug use sometimes are nothing more than a part of a normal developmental process. Another social psychologist, Dr. Sandra Coleman of the Family Guidance Center of Bucks County, Pa., reported that her longitudinal research had uncovered a significant variable in many families of heroin-dependent individuals: namely, a special orientation toward death and loss which spanned generations.

Dr. C. Anderson Johnson, University of Southern California, and Dr. Eric Schaps, the Pacific Institute for Research and Evaluation, both social psychologists, described intervention techniques which they developed to decrease or eliminate drug use among school-age children.

In formulating a primary prevention strategy for drug abuse, Johnson used techniques which were found to be successful in preventing cigarette smoking. These included films, role-playing, and peer resistance training. He was especially enthusiastic over successful results from using trained peer group leaders to intervene with other students.

On the other hand, Schaps found that in-service teacher training and cross-age tutoring with junior high school students had no significant effect on students' drug behavior. Although the lack of positive results was discouraging, his findings did suggest that a specific focus on drug use behavior may be more useful than strategies directed at broader behaviors, such as cognitive and decision-making skills.

In a discussion of Schaps' work, participants agreed that careful well-implemented research which pinpoints techniques that do *not* work is as valuable as studies that find which techniques do work. They also concurred that the specific- vs -general behavioral approaches will require careful analysis in the future.

Dr. Lee Frederickson, a behaviorial psychologist from Virginia Polytechnic Institute and State University, reported on prevention interventions in industrial settings. He described large industrial organizations as "behavioral systems" which can help promote "health maintenance behavior." These organizations generally are willing to implement prevention strategies because, as he explained, "Drugs have an impact on an organization when they cause a deterioration of work performance."

Effective large-scale interventions were discussed by Dr. Scott Geller, a behavioral psychologist from Virginia Polytechnic Institute and State University. He reported considerable success with campaigns to change behaviors that have major social and economic costs, such as littering and seat-belt wearing. His research has discovered that specific messages to people about the positive consequences of their behavior work better than negative messages. He currently is expanding his work to the field of alcoholism and is optimistic about application of his methodology in drug abuse prevention.

Dr. Lee Robins, a sociologist and epidemiologist from the Washington University School of Medicine, stated that one purpose of epidemiological studies in drug abuse prevention "is to tell you where to find the high-risk cases and where you need to intervene."

To illustrate her point, she reported preliminary results from a large-scale survey which helped to pinpoint some high-risk groups, such as: 94 percent of the people who have used any drug 5 times or more also have used marijuana; drug use begins at an earlier age than alcohol use; a history of abuse of other substances, including alcohol and cigarettes, precedes the use of many drugs; and the best predictor of a drug problem is a problem with alcohol use.

Robin's overall approach of integrating prevalence studies of drug abuse with other behavioral problems was seen by the other participants as an example of the usefulness of an interdisciplinary approach.

Dr. Marian Fischman, a behavioral pharmacologist from the University of Chicago Pritzker School of Medicine, described her efforts to broaden an analysis of the clinical effects of cocaine and procaine in a controlled laboratory situation by integrating findings derived from animal research and from observations of a natural "street" environment. This approach holds promise as a clear indication of problems which can be identified and predicted from laboratory research, she said. Specifically, she noted, the procaine proved to be an effective reinforcer in human subjects, which suggests that increasingly widespread "street use" of this currently unscheduled drug is possible.

In his laboratory work with animals to examine environmental conditions which can be manipulated to modify drug use, Dr. John Falk of Rutgers University found out that it is possible to "immunize" animals against drug abuse by providing alternate reinforcements, such as running.

"Drugs offer a quick and powerful behavioral alternative, particularly in an impoverished environment," he said. "Prevention involves finding another way to change the environment."

Dr. Jerome Jaffe, a psychiatrist from the University of Connecticut Medical School, provided an historical perspective on prevention which focused on the need to emphasize research efforts of all types. According to Jaffe, "the problem is broader than finding out which variables influence behavior: it involves a selection of goals and a knowledge of which techniques are cost-effective."

In summary comments after the presentations, Jessor asked, "Do we want to prevent use or abuse?" He suggested that "delaying the onset of drug use might be a useful and potentially important kind of prevention strategy."

Grabowski and Dr. Thomas Glynn of NIDA's Division of Research, conference organizers, are preparing a monograph based on the content of the meeting which should be available by the end of this year.

Other key NIDA participants included Dr. Marvin Snyder, Director, Division of Research, and Dr. Jack Durrell, NIDA's Acting Deputy Director.

—Lenore Gelb, NIDA

ADAMHA NEWS

Alcohol, Drug Abuse
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
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WE'VE MOVED!

ADAMHA News is now located in Room 12C-15 of the Parklawn Building, 5600 Fishers Lane, in Rockville, Md. 20857. Our telephone number remains (301) 443-3783.

Study Finds Bright Light Lifts Winter Depression

Bright artificial light can lift clinically significant winter depressions, according to a team of NIMH intramural scientists.

A daily regimen of exposure to high-intensity full spectrum fluorescent lights during the pre-dawn and after-dusk hours effectively lengthens the period of daylight, and dramatically buoys the mood of some depressed patients who suffer from seasonal disturbances, report Drs. Norman Rosenthal and Thomas Wehr of the Clinical Psychobiology Branch.

In a preliminary study last winter, 7 of 11 patients experienced such profound relief from the "photobiological" treatment that the researchers believe it may become a viable form of therapy.

"The seasonal recurrence of the depressions and the effectiveness of the lights may depend on a photoperiodic mechanism whereby critical changes in day length trigger behavioral changes," suggests Wehr.

Last fall, the NIMH investigators began studying 11 patients who met diagnostic criteria for major affective disorder with distinct seasonal cycles. All 11 experienced high energy levels or elation (hypomania) during the spring and summer, followed by depression in the winter with characteristic sluggishness, difficulties in work and relationships, exaggerated appetite, and prolonged sleep. While all but one had a family history of similar seasonal disturbances, the subjects did not show the severity of symptoms or the sleep and neuroendocrine abnormalities common in hospitalized manic-depressive patients.

The depressed subjects were randomly given first one and then another of two forms of "light treatment" in their homes. The experimental white lights were 30 times brighter than dim yellow lights used as controls (and 6 times brighter than conventional fluorescent lights). Subjects turned the lights on for 3 hours before dawn and after dusk.

Within 1 week, all experienced some antidepressant effect from the bright lights, and all relapsed after treatment was ended. The dim yellow lights produced lackluster results, with most subjects experiencing no effect or deepened depression, and only one showing profound improvement on standardized rating scales of depression.

The subjects' own predictions prior to the experiment convinced Rosenthal and Wehr that they were unaware of the investigators' hypothesis that only the bright lights would prove biologically active.

That hypothesis and the treatment itself evolved from studies of seasonal rhythms in animals, epidemiological research on depression, and recent NIMH intramural findings on the effects of light in humans.

Epidemiological data and clinical observations have long recognized seasonal patterns of affective disorders and associated suicides. Seasonal variability of suicide rates correlate with the mean annual duration of sunshine at different latitudes, with peak rates occurring in the late spring. The severe depressive episodes of most manic-depressive illnesses also tend to peak in the springtime; persons who experience winter depression represent a distinct subgroup.

An assay for the light-sensitive pineal gland hormone melatonin—developed at NIMH by Drs. Alfred Lewy and Sanford Markey—revealed a few years ago that secretion of the hormone in humans can be suppressed by artificial light of near-daylight intensity, but not by conventional artificial light as in animals.

Animal studies have shown that melatonin

See LIGHT (P. 4, Col. 3)

PRESS *from page 1*

both men and women, Cloninger found, and environment plays a strong role in the frequency and severity of its development.

"Although most 'milieu-limited' alcohol problems are mild and do not require treatment," he said, "more severe problems can occur in genetically susceptible sons if they are exposed to certain environmental conditions."

Based on the Swedish data, some environmental factors which pose increased risk are: low social status in adoptive homes, adoptive fathers with unskilled occupations, and extensive hospitalization early in childhood. The severity of an alcohol problem depends on the degree of environmental provocation, Cloninger said.

Milieu-limited alcohol abuse also appears to have a special inheritance pattern in women. "If the natural mother had this type of alcohol problem, daughters were 4 times more likely than the general population to develop it, too," Cloninger reported. If only the father was alcoholic, there was no significant risk for daughters.

"This demonstrates for the first time the importance of maternal inheritance in alcoholic women," the scientist said.

The study also showed that children raised by adoptive parents who were alcoholics had no more increased risk for either type of alcohol problem than children raised by nonalcoholic adoptive parents. "Modeling of parental drinking behavior thus may not be an important factor in developing alcoholism, as we have long assumed," Cloninger concluded.

Dr. Frank Putnam, Biological Psychiatry Branch, NIMH Intramural Research Program, discussed a study of 40 patients afflicted with multiple personality disorder (MPD), a form of mental illness in which two or more distinct personalities exist within the same individual.

As Putnam explained, one goal was to develop a symptom profile of such patients to help clinicians recognize MPD more easily. More than one-half of patients now in treatment for MPD were receiving treatment for some other mental disorder for 2-10 years before the correct diagnosis was made, he said.

Among Putnam's findings is that MPD patients suffer a higher incidence of physical and sexual abuse in childhood than those with other psychiatric diagnoses.

"This suggests that these traumatic experiences may play an etiological role in the development of MPD," he stated. "Childhood abuse reported by the patients include repeated beatings, cuttings, burnings, being tied up in closets, attempted drownings, and extensive sexual abuse. Patients frequently reported that 'splitting off' or dissociation of an alternate personality was the only way they had to escape such recurrent and painful experiences."

Putnam and his colleagues also are studying "evoked potentials" (measures of sensory processes in the brain) in 11 subjects. Three or four alternate personalities in each of the subjects agreed to participate. "The results showed that individual alternate personalities have distinct and consistent evoked potential patterns that statistically are significantly different from other personalities sharing the same body," Putnam reported.

The NIMH scientists are reviewing treatment techniques in current use for MPD to assess the effectiveness of various approaches.

Dr. Larry Stein, University of California at Irvine, described research to determine if the individual nerve cell is the primary site of the reinforcement process that leads to drug addiction.

"Our working hypothesis is that it is the firing patterns of individual brain neurons that are modified in chemical reinforcement," NIDA grantee Stein said.

"In this theory, behavior is analogous to an ant colony, which may be perceived as a single behaving organism from afar, but whose apparent movements actually represent the aggregate activity of individual ants. In the same way, we assume that behavioral responses in drug addiction reflect the aggregate activity of individual neurons."

To test their theory, Stein and colleagues are attempting to demonstrate that microapplications of catecholamine, one of two specialized neurons known to be involved in the brain's natural reward system, can in fact alter the firing patterns of individual nerve cells in rat brain. Once that is confirmed, they will try to show that the same occurs with cocaine or morphine.

"We anticipate such experiments will help us understand the cellular basis of drug addiction," Stein explained. "Such fundamental insight should lead to new and effective treatment and prevention approaches."

—James Helsing, ADAMHA

STRESS

from page 1

stress and alcohol has *never* been covered [before] in any type of scientific meeting."

Two separate developments in alcohol research were the basis for discussions throughout the meeting. The first is the "tension reduction theory" first coined in 1972. Pohorecky reports that this "popularly held and longstanding view has been that alcohol relieves aversive states of fear, anxiety, and frustration; therefore, its ingestion becomes rewarding in stressed individuals."

A related hypothesis "which has not been as extensively investigated," she notes, "invokes the euphoric properties of alcohol [and] states that alcohol intake may occur to further positive affect rather than to relieve anxiety."

The second development concerns a recent discovery by a number of epidemiologists and clinical investigators that "low to moderate intake of alcohol may have some protective effects against cardiovascular diseases," says Pohorecky. In addition, "recent animal research has further pointed out protective effects of low-level alcohol exposure in stressed animals.

"In view of the prevalence of alcohol abuse and of stress in our society, as well as in other countries, it is indeed surprising that until recently, their interaction has been largely neglected by the scientific and medical communities," she concludes.

The symposium agenda, designed to focus expert attention on alcohol and stress, was divided into three sections:

I. General Aspects of Stress and Alcohol;
II. Cardiovascular and Neuroendocrine Aspects of Stress/Alcohol Interaction; and
III. Behavioral Aspects of Stress/Alcohol Interaction.

In the first section, the scientists discussed methodological issues in conducting stress-and-alcohol research, such as problems with defining and measuring stress in human subjects.

In the second section, researchers presented findings from both human and animal studies which included investigations of how stress affects the metabolism of ethanol.

> ***"The interaction of stress and alcohol has never been covered [before] in any type of scientific meeting."***

The third section dealt with such topics as the interaction of stress and alcohol on human performance and the influence of stress on alcohol ingestion.

Dr.Helen Chao, NIAAA Division of Extramural Research, reports that an equal emphasis throughout the symposium on physiological and behavioral aspects may help "encourage collaboration between biomedical and psychosocial disciplines which is badly needed in this area."

Proceedings will be published by the end of this year.

Co-sponsors were the Distilled Spirits Council of the United States, Rutgers' Center of Alcohol Studies, Raleigh Hills Hospitals, Ayres Laboratories, and Rutgers' Office of Research and Sponsored Programs.

—K.C., ADAMHA

LIGHT

from page 3

has a circadian (daily) rhythm regulated by light; the longer darkness lasts, the more the hormone is secreted. Moreover, the effect of light on melatonin also is the basis of seasonal rhythms such as reproduction, migration, and hibernation in animals. Melatonin can override the effect of light and mimic seasonal changes in animal reproductive activity.

In humans, Rosenthal and Wehr found a striking difference in the annual reproductive cycle of winter depressives when compared to the normal population. Among a sample of several hundred winter depressives, more than twice as many conceptions occurred in August as in January—a 100-percent difference. In a normal population, the disparity is only about 10 percent.

Although Wehr suspects melatonin secretion will turn out to be suppressed by the bright light treatment, examination of possible biochemical mechanisms can begin only after the researchers establish the role of the photoperiod more precisely.

—Jules Asher, NIMH

CORRECTION

An article entitled "Pickar Gets Award" in the July 2 *ADAMHA News* (Vol. VIII, No. 12) incorrectly identified Dr. David Pickar as the sole recipient of the A.E. Bennett Neuropsychiatric Research Foundation Award. Pickar shared the award with three NIMH colleagues: Dr. Martin Cohen, Section on Clinical Studies, Neuroscience Branch; Dr. Robert Cohen, Chief, Unit on Clinical Psychopharmacology, Clinical Neuropharmacology Branch; and Dr. Dieter Naber, a former NIMH Visiting Scientist, now at the Psychiatric Clinic, Munich, West Germany.

The Bennett Award is presented annually by the Society of Biological Psychiatry to honor outstanding research by investigators under 35 years of age. The four young scientists were selected in the clinical science category for their paper "Clinical Studies of the Endogenous Opioid System."

Staff News

Women's Group Aids St. E's Patients

Dr. Julian Jurand, Director, Saint Elizabeths Hospital's Richardson Division, accepts a check for $500 from Miriam Becker of the National Council of Jewish Women as a contribution to the Hospital's revolving fund which helps patients who have been placed outside the Hospital should they have short-term financial emergencies. Established in 1960 by the Council, the fund is repaid by the patients using it so that funds remain available for succeeding patients. Witnessing the presentation are Alice Berger (left) of the Hospital Staff, and Pauline Becker (right), also of the National Council of Jewish Women.

8/15

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

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"We cannot ignore the devastating effect that alcoholism and drug abuse have on American productivity."

Senator Daniel Quayle (Ind.) voiced this concern at a joint Senate hearing July 14 held to highlight the issue and the need for more employee assistance programs.

Approximately 5,000 of these programs cover 10.5 million workers across the country, but only 12 percent of the American workforce has such assistance available, according to one witness.

"One out of every 20 American workers is an alcoholic," said former HEW Secretary Joseph Califano, yet many employers are unaware of the extent of the disease and its impact on their companies.

Other witnesses included ADAMHA Administrator William Mayer, representatives of management and labor, the head of the American Medical Association, and the president of the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA).

Senators Quayle, who chairs the Subcommittee on Employment and Productivity, and Gordon Humphrey (N.H.) Chairman, Subcommittee on Alcoholism and Drug Abuse, called the hearing. Both Subcommittees are arms of the Senate Committee on Labor and Human Resources.

"I believe alcoholism and drug abuse are America's number one health problem," said Quayle. "I am alarmed that they are not recognized as such. . . . The price we pay for health care, days away from work, and lost productivity . . . . is about the same as the amount requested by the President to run the 400 programs in the Department of Health and Human Services: $70 billion.

"Employees with a drinking or drug problem are absent 16 times more than the average employee, have an accident rate that is 4 times greater, use one-third more sickness benefits, and have 5 times more compensation claims," he added. "While on the job, these impaired employees function at slightly more than haif their normal capacity."

Mayer told the Senators that the development of employee assistance programs in the last decade "exemplifies the interaction that can occur among Federal, State, and local governments, and the private sector: industry, labor, and volunteer organizations." He reported that NIDA and NIAAA have supported demonstration projects and fostered programs in the workplace through technical assistance. He also pointed out that the number of treatment facilities in the country has grown to 4,500, only 14 percent of which have been supported by Federal funds.

See WORKERS (P. 2, Col. 1)

INSIDE . . .

PHS Holds First National EEO Conference 3

U.S. Department of Health and Human Services
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NIMH RESEARCH HELPS TRACK SEROTONIN'S SUICIDE LINK

Individuals who commit or attempt suicide may be influenced to do so by an abnormality in the functioning of the neurotransmitter serotonin, scientific evidence from three research centers indicates.

The studies by scientists at NIMH, at Wayne State University, and in Sweden show that suicidal individuals generally have lower levels of a serotonin metabolite, or a decreased serotonin receptor functioning.

"Although suicide has been commonly associated with depression, the key factor in suicidal behavior may be low serotonin levels, not depression," said Dr. Gerald Brown, staff investigator of the NIMH Biological Psychiatry Branch. "This would mean that suicidal behavior is not necessarily related to a particular mental disorder, but may be associated with other factors such as low serotonergic functioning.

Lower levels of serotonin also have been found to exist in schizophrenics, alcoholics, and persons who exhibit aggressive behavior and poor control of their impulses.

Dr. Frederick Goodwin, Director of NIMH's Intramural Research Program, and several of

See SUICIDE (P. 2, Col. 2)

Planning Retreat

NIDA Looks Ahead To Future Research

NIDA officials mapped out the Institute's most promising areas of research—including opiate action and the effects of drugs on performance—with help from scientists prominent in the field at a research planning retreat held June 9-11.

The scientists described studies in progress which they found potentially fruitful, and they suggested ways that NIDA might stimulate important new studies.

For example, Dr. Charles Gorodetsky, Addiction Research Center (ARC), Lexington, Ky., presented a conceptual framework for research management based on a planning model used by the National Eye Institute. The model relies heavily on the advice of outside experts, especially the Institute's Advisory Council, concerning its current programs and future priorities, he noted.

Gorodetsky also reported on the ARC's Intramural Research Program, which investigates individual drugs and classes of drugs.

Dr. Marvin Snyder
NIDA Director of Research

Intramural scientists currently are studying opioids, sedative-hypnotics, phencyclidine (PCP), stimulants, and marijuana. In future, he stated, the scientists will place less emphasis on purely descriptive studies of opioids, but research on the mechanisms of action of opioid receptors will continue.

Also looking to the future, Dr. Donald Jasinski, Clinical Research Program, Baltimore, pointed out several study areas of particular interest. These include nicotine, the PETT scanner, and the relationship of the endocrine system to drug use and addiction.

See RETREAT (P. 4, Col. 3)

HE20.8013:

WORKERS

from page 1

"We have a good product," Mayer asserted. "It works. We can treat alcoholism successfully. These programs pay off. Employee assistance programs report a 60 to 80 percent success rate. The workplace is second only to the family as a place where problems show up and are amenable to early intervention."

The workplace has been identified as a key focus in Secretary Schweiker's Health Promotion Initiative.

Asked to define the proper role of the Federal Government in alcoholism and drug abuse in industry, Mayer replied, "With respect to industry, our role has changed. We will no longer be supporting projects. Now we can be of greater value by lending technical assistance to companies of all sizes. We also are a repository of reports of successes, and a convenor of people in the field for policy development. A very important role is to conduct evaluation research on the effectiveness of these programs. Some of our research also is aimed at finding out more about high stress occupations which may relate to high levels of alcohol consumption and alcohol-related problems."

"A new insidious problem" predicted by Humphrey will be the entry into the workforce of today's teenagers who abuse drugs. "The illegality of drug use in the workplace makes the problem for the employers and employees especially complicated," he said.

> *"The workplace is second only to the family as a place where problems show up and are amenable to early intervention."*

"Science is providing government and industry with increasingly effective techniques and devices to detect drug abuse, such as urine screening for marijuana and other drugs. How labor and management will use these tools is an important question for this decade," he added. "The military, a large employer of young people between the ages of 18 and 25, already has felt the adverse effects of drug abuse on its workforce."

"The financial impact of alcoholism on American industry and the productivity of the workforce is enormous," testified Califano. "Alcohol-related absenteeism, employee turnover, industrial accidents, low quality work in the office and on the factory floor, and low productivity cost employers billions of dollars each year through higher prices, products that are poorly made, and jobs and markets lost because of the inefficiency of American industry. . .

"Many employers are unaware of the extent of their own companies' alcohol problems," he said. "One study revealed that 50 percent of the executives from leading insurance, banking, utility, transportation, and financial organizations believed alcohol abuse was 'not really a problem.' "

Kennecott Copper Corporation's employee assistance program reduced absenteeism for employees treated for alcoholism by 50 percent, according to Califano. In Baltimore, a group of employers joined together to sponsor an alcoholism treatment consortium, he added, and reduced absenteeism at a $586 saving for each treated employee during the first year. General Motors found that absenteeism, employee grievances, accidents on the job, and sickness and accident benefit payments dropped 40 to 60 percent among 42,000 workers who went through its employee assistance program 1972 to 1979, Califano said.

Other witnesses were: Michael Frost, Associate Director, Office of Personnel Management; Peter Bensinger, former Administrator, Drug Enforcement Administration; Ed Small, President, ALMACA; Jerry Knesek, General Motors; Lloyd Liscomb, United Auto Workers Assn.; Dr. Madeline Tramm, Amalgamated Clothing and Textile Workers Union; Dr. Burford Culpepper, Dupont Corp.; Dr. William Rial, President, AMA; Dr. Robert Inskeep, Stroh's Brewery; and Dr. Harry Reitan, Adolph Coors Co.

—M.K.L., ADAMHA

SUICIDE

from page 1

his colleagues recently reported in the *American Journal of Psychiatry* on the correlation of aggression, suicide, and low serotonin.

"Histories of aggressive behavior and of suicide attempts were significantly associated with each other, and each was significantly associated with lower 5HIAA (a metabolite of serotonin) levels" in a group of nondepressed persons, according to the authors of the article.

The NIMH work underscores earlier work by Dr. Marie Asburg of Sweden. The results of her study show that those who committed violent suicide (e.g., gunshots, knife wounds,) had lower levels of 5HIAA than those who committed nonviolent suicide (e.g., an overdose of sleeping pills).

Brown, a coauthor of the article, cautioned against assuming that all persons with low serotonin are either suicidal or impulsive/aggressive.

"Aggression in and of itself is not a negative trait; there are aggressive people who are criminals and have antisocial traits, but there also are those who are ambitious, competitive, and have highly successful careers," Brown said.

"One may wonder what sort of protective or compensatory mechanism may be at work in those individuals who have low serotonin, yet who are highly successful and social," he mused.

Dr. Gerald Brown

Researchers have not yet ascertained to what degree low serotonergic functioning is an acquired characteristic, an inherited genetic defect, or an interplay between the genes and the environment.

Brown revealed that measuring levels of serotonergic functioning in persons might be a useful screening tool in helping to predict who might be more vulnerable to suicide.

"But," he admitted, "it's not that simple to draw conclusions of suicidal tendencies based only on low serotonergic functioning in an individual."

As a possible preventive scenario, Brown suggested screening a pool of individuals and looking more closely at those who had low serotonergic functioning. If those individuals had either a personal history or family history of mental disorders, particularly involving depression or aggression, closer attention might be given them.

"One must look at many factors, not just low serotonergic functioning, before making a clinical judgment of suicidal tendencies," said Brown.

He also remarked that some individuals might very well have suicidal tendencies without decreased serotonergic functioning. Age, sex, and diet all affect brain serotonin.

"The fact that brain serotonin tends to increase with age may or may not lead to clinical changes over time within an individual," said Brown. "Clinicians have talked for a long time about psychopaths burning out as they get older; perhaps the same observation holds true for individuals who have suicidal tendencies related to low brain serotonin."

Some tricyclic antidepressants currently in use work to raise the level of brain serotonin. Scientists are not certain whether or not these drugs maintain the increased level of serotonin over a long period of time.

Some pilot work has led to promising results in maintaining an increased brain serotonin level from a combination of a specific drug and a diet which includes precursors of serotonin (i.e., 5-hydroxy tryptophan) and tryptophan, an amino acid found in proteins and particularly in dairy products.

—Judy Folkenberg, NIMH

ADAMHA NEWS

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Ex-Patient Recounts Personal Battle Against Stigma

A former mental patient who decided 8 years ago to speak out about her illness because "I never saw any images, on television or any place else, of people who were recovered" addressed a recent NIMH Forum on Consumer Concerns, "Self-Help, Stigma, and Public Education."

Marcia Lovejoy, founder and director of Project Overcome, a mental health education program and self-help group in Minneapolis, Minn., described how she surmounted years of mental illness and repeated hospitalizations.

When Project Overcome was inaugurated in 1974, Lovejoy said, "Our main goal was to eliminate the stigma associated with mental illness." She discovered that meeting other recovered people helped bolster her own self-esteem, "and I knew that the only way things would change with respect to stigma was for people like myself to come out of the closet and speak very frankly about our experiences."

Marcia Lovejoy

Lovejoy expessed particular concern about the lack of positive role models for people who are in mental hospitals. After many years as a patient, she recalled, she became acquainted with a recovered patient who worked as a staff member at a halfway house treatment program. Encouraged by that patient's successful recovery, she became determined to stay well, to help others do the same, and to inform the public that people do recover from mental illness.

To help educate the public about the problems of stigma, Project Overcome operates a speakers bureau, she reported. To date, she said, 15 Project speakers have appeared at engagements in 23 States.

Lovejoy criticized the film and television media for their portrayals of "psychotic killers" and other negative stereotypes of mentally ill people. However, she pointed out, "We have found the media to be really interested, and we find it very exciting to have mental patients who are willing to identify themselves in newspapers and on radio and television programs. We feel this is an absolutely necessary counterbalance for all the negative newspaper reporting and television coverage we get."

Lovejoy herself appeared on a special showing of *ABC News Nightline* which aired the night that John Hinckley was acquitted of the attempted assassination of President Reagan by reason of insanity. During the broadcast, she described her successful recovery to assure the public that a mentally ill person should be viewed as a potential asset rather than a threat to society.

Following Lovejoy's presentation, a panel of NIMH staff reported on the Institute's efforts to combat stigma. They included:

- Dr. Lemuel Clark, Chief of the Underserved Populations Branch, Division of Mental Health Service Programs, who described the Division's work in promoting development of self-help groups for underserved mental health populations.
- Ed Long, Associate Director, Division of Scientific and Public Information, who discussed Institute activities aimed at alleviating stigma through stimulating work opportunities for mentally restored people.
- Dr. Julius Segal, Director, Division of Scientific and Public Information, who compared Lovejoy's experiences to the victimization suffered by prisoners of war and terrorist hostages.
- Dr. Sam Silverstein, Chief, Center for Mental Health Services Manpower Research and Development, Division of Mental Health Manpower and Training Programs, who described how stigma often causes resistance to community residences for the mentally ill.

The Patients Rights and Advocacy seminar was part of the Division of Mental Health Service Programs series organized by the Underserved Populations Branch.

PHS Holds First National EEO Conference

Senior executives, rank-and-file workers, labor union representatives, and leaders of advocacy groups were among the 300 people who met recently to create a "Partnership for Progress" at the First National PHS Equal Employment Opportunity Conference in Reston, Va.

ADAMHA participants in the PHS EEO conference included: (seated, left to right) Dr. William Mayer, Morris Hughes, Elsie Taylor; (standing) Dr. Carol Hoover, Natalie Campbell, Malachi Knowles, and JoAnn Jackson.

The June 27-30 conference signalled the agency's determination to give a high priority to its EEO programs despite current restrictions on staff.

"Some people might have questioned the idea for an EEO Conference, thinking it was the wrong time to raise such a sensitive, emotional issue," said Assistant Secretary for Health Edward Brandt in the opening keynote address. "But, to me, it seemed precisely the right time to face the tough questions of fairness, of merit, and of excellence in management."

He called on "every manager in PHS to maintain an abiding, vigorous commitment to Equal Employment Opportunity for all persons . . . I also expect that our managers will continue to apply the principle of merit when evaluating any person who wants to work with us or is already working with us."

In 3 days of open assemblies and intensive working sessions, participants reached consensus on a range of EEO goals and corresponding objectives for PHS. These included:

- An affirmative action program, based on a multi-year affirmative action and recruitment plan, which emphasizes training opportunities for employees, monitoring of managerial performance, and recognition of superior accomplishment in implementing equal employment opportunity.
- A management information system (MIS) to analyze and report all discrimination complaints within PHS, and a monitoring system to ensure prompt processing of complaints.
- Sufficient resources to administer the PHS EEO program effectively, including special initiatives in EEO training and community outreach.

Other speakers included Francis Cotter, Vice-President of Government Affairs for the Westinghouse Electric Corporation; Dr. Mary Frances Berry, Commissioner, U.S. Commission on Civil Rights; and Armando Rodriguez, Commissioner, Equal Employment Opportunity Commission.

A contingent of more than 50 ADAMHA employees, led by Administrator William Mayer, participated in the 3-day conference. Dr. Edwin Nichols, Chief, Special Populations Section, NIMH Pharmacologic and Somatic Treatments Branch, conducted a Conference Learning Session on "Managing Your Diverse Workforce: Understanding Differences."

The Conference was sponsored by the PHS Office of Equal Employment Opportunity under the direction of Mattie Wright, Deputy Director. A report of the proceedings will be forwarded to the Assistant Secretary for Health this month.

'China Connection' Fosters Global MH Data

What is "the China connection?"

According to William Liu, Director, Pacific/Asian American Mental Health Research Center, it is a collaborative research program designed to collect statistics on health and mental health problems and programs in China. The data from the project will be used for comparative epidemiological studies of the mental health of Asian Americans.

Liu described "the China connection" at a recent NIMH presentation sponsored jointly by the Center for Studies of Minority Group Mental Health and the Division of Biometry and Epidemiology. He reported that the Pacific/Asian American Mental Health Research Center will work with the Sino-American Center for International Scientific Studies, a new organization focusing on life science research, and the Chinese Academy of Sciences to establish a permanent research headquarters in Shanghai, China.

As Liu explained, China offers a unique opportunity for uninterrupted longitudinal data collection because of its residential stability, its variety of heterogeneous populations, its low vicinal mobility, and its well-organized neighborhoods and health care system.

Shanghai's population of 11 million people is served by 10 health districts, he said; these encompass 10 county psychiatric hospitals, factory clinics, which serve residential areas, neighborhood clinics, and commune clinics, which are linked to rural areas and occupational therapy groups.

Liu noted that a model health and mental health registration system will be instituted in one of the 10 districts and used for the duration of the Shanghai project. When the model is fully developed, it may be replicated in other areas of China.

A 50-unit research facility planned by the Sino-American Center for International Scientific Studies will provide 50,000 square feet of laboratory space, administrative offices, a computer science complex, an international conference center, a library, and recreation facilities for visiting American scientists.

Dr. William Liu

Liu noted that the Chinese Academy of Sciences will donate the land and will spend $15 million to build the outer shell of the facility. The Pacific/Asian American Mental Health Research Center will attempt to match this amount through various fundraising activities. Although the center is supported by a grant from the NIMH Minority Center, he said, Federal funds will not be used to support the project.

According to Liu, some of the best psychiatric epidemiological researchers in China are ready to assist in the program. These scientists know that their data collection and analysis methods need to be improved, he said, and therefore, they welcome the opportunity to work closely with American researchers in this long-range enterprise.

Another reason for the China connection, Liu noted, is that there is an extremely high number of people with developmental disabilities in China; an epidemiological assessment of this problem and other related health issues would provide a rich source of data which might have replicative value for Asian-American epidemiological research in the United States and elsewhere.

Reporting on the methodology and screening techniques currently being used in China, Dr. Elena Yu, a Columbia University epidemiologist who has a fellowship from the NIMH Minority Center, explained that the Present State Examination (PSE) method used in parts of China for epidemiological data collection has certain limitations. An alternative to PSE, she noted, is the Diagnostic Interview Schedule, version 3 (DIS-3), which focuses on specific health disorders and uses current techniques in diagnostic assessment.

Although DIS-3 is easier to use, requires a shorter training period, and renders a much broader spectrum of diagnosis, Yu cautioned against completely discontinuing the PSE method. She suggested instead that it should be used simultaneously with the DIS-3 method on the same population for comparative results.

—William Herndon, NIMH

RETREAT

from page 1

Additional study opportunities surfaced in a discussion of research support led by Dr. Jack Durrell, then NIDA's Acting Deputy Director. Dr. Sidney Cohen, UCLA School of Medicine, urged that funds be set aside to investigate the long-term pulmonary effects of cannabis in the lungs. Dr. Marvin Snyder, NIDA's Director of Extramural Research, proposed research on "free-base" smoking and routes of administration, and on the psychomotor effects of drug use on performance.

Other research areas identified at the retreat were: sex difference in cannabinoid metabolism; interactions of drugs; carcinogenicity and neurotoxicity of drugs; and the hazards of drug-affected performance.

The scientists largely agreed that NIDA's present distribution of its research resources should be modified to allow for funding of new priorities.

Dr. William Pollin, NIDA Director, assured participants that the Institute would follow up on their recommendations without delay. "At a meeting 10 years ago, NIDA received recommendations that we conduct extensive research on the opiate receptors and endorphins," Pollin noted. "We've made great progress in those areas. I hope that this meeting will have similar results for future research activity."

—Iris Gelberg, NIDA

Staff News

New ADAMHA Personnel Advisory Committee

ADAMHA Administrator William Mayer has established a Personnel Advisory Committee that will be the voice of employee concerns to management.

The Committee is composed of representatives of all special employee groups, such as minority, handicapped, and women's groups, as well as "at-large" representatives from each Institute and the Office of the Administrator.

Pauline Nordstrom, Director, ADAMHA Division of Personnel Management, has been named chairperson. "The Committee will advise me on personnel issues of general concern and make recommendations to me and to the Administrator," she said.

The advisory group will not handle individual personnel complaints, but will focus on larger issues, such as downgradings and office procedures.

Mayer urges all employees to take advantage of this opportunity by keeping the Committee "fully informed of your concerns."

Committee members and their telephone numbers are:

Malachi Knowles	ADAMHA Office of Equal Employment Opportunity, 443-4447
John Miers	ADAMHA Committee for Handicapped and Disabled Veteran Employees, 443-3769
Tom Plaut	ADAMHA Women's Council, 443-4676
JoAnn Jackson	Black Employees, 443-1146
Morris Hughes	Veterans and Black Employees, 443-1146
Vivian Kim	Asian Employees, 443-2016
Elva Ruiz	Hispanic Employees, 496-2141
Ted Searle	Office of the Administrator, 443-4543
Berni Sullivan	NIAAA, 443-4373
Sue Becker	NIDA, 443-6695
Edward Ellis	NIMH, 443-4456

staff awards

Cash Awards
NIAAA
Calvin Crutchfield, DIR
Edward Hampton, DIR
Elizabeth Zubovic, DIR
NIDA
Nina Horn, OPDA
Diane Lambert, OM
Betty Wild, OM
Jean Collins, OEPRR

Quality Step Increases
NIAAA
Cheryl Diggs, DIR
Lanny Reese, DIR
NIDA
Donna Jones, OM

8/ 16

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

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SURGEON GENERAL TO PHYSICIANS:

'Urge Discontinuation of Marijuana Use'

Surgeon General C. Everett Koop has issued the following statement to U.S. physicians and other health care providers:

"As Surgeon General, I urge other physicians and professionals to advise parents and patients about the harmful effects of using marijuana and to urge discontinuation of its use.

"The health consequences of marijuana use have been the subject of scientific and public debate for almost 20 years. Based on scientific evidence published to date, the Public Health Service has concluded that marijuana has a broad range of psychological and biological effects, many of which are dangerous and harmful to health.

"Marijuana use is a major public health problem in the United States. In the past 20 years, there has been a 30-fold increase in the drug's use among youth. More than one-quarter of the American population has used the drug. The age at which people first use marijuana has been getting consistently lower and now is most often in the junior high school years. In 1978, nearly 11 percent of high school seniors used the drug daily, and although this figure declined to 7 percent in 1981, daily use of marijuana is still greater among this age group than that of alcohol. More high school seniors smoke marijuana than smoke cigarettes. The current use (during previous 30 days) of marijuana is 32 percent; 29 percent smoke tobacco.

"On March 24, Secretary Schweiker transmitted to the U.S. Congress a report reviewing the health consequences of marijuana use. *Marijuana and Health: 1982*, the ninth in a series, is primarily based on two recently-conducted comprehensive scientific reviews on the subject: one by the Institute of Medicine of the National Academy of

See KOOP (P. 2, Col. 1)

Surgeon General Koop

Credentialing Standards To Be Developed For Alcoholism Counselors

Making the best possible treatment services available for alcoholics and their families is the aim of a new NIAAA contract to develop credentialing standards for alcoholism counselors that can serve as a national model.

The standards, to be developed with close consultation from the field, will provide an ideal set of counseling functions and criteria that can be adopted or adapted by national, State, and local public or voluntary credentialing agencies. By last NIAAA count, 41 such bodies were functioning actively in the United States, with 10 of them mandated by State legislatures or operated by State governments.

The 1-year contract for $322,349 was awarded to Birch and Davis, Inc., of Silver Spring, Md.

The standards will include specific descriptions of the roles and functions to be performed by alcoholism counselors, com-

See CREDENTIALING (P. 2, Col. 2)

Administrator's Statement

MAYER—ACTING NIAAA DIRECTOR

An unexpected delay in the process of recruiting a Director for the National Institute on Alcohol Abuse and Alcoholism now makes it necessary to undertake a new national search for qualified candidates for the position.

In the interim, because the Institute has been without medical leadership for some time, Secretary Schweiker has directed that I assume the duties of Acting Director of the Institute. I will be actively involved in its day-to-day operations in addition to my present duties as ADAMHA Administrator.

Loran Archer, who has rendered outstanding service as Acting Director of the Institute over the past year, will resume his regular duties as Deputy Director. Mr. Archer's knowledge and experience, as well as his devotion to the agency's mission, will continue to be invaluable assets as we work closely together in the management of this important health institute.

MH Grant Aids Sexually Abused Children

NIMH has awarded a $152,000 grant to Children's Hospital National Medical Center, Washington, D.C., to help sexually victimized children, who often are at risk for long-term psychological dysfunction.

Dr. Herbert Pardes, NIMH Director, said the grant is designed to develop mental health training programs for non-mental health professionals who deal with sexually victimized children and their families.

"Young victims of sexual molestation and rape, conservatively estimated at 100,000 annually, often experience severe emotional, physical, and social consequences," said Pardes. "To avoid further risk of trauma, it is essential that those who work with these children handle them as sensitively as possible."

Funded by the NIMH National Center for the Prevention and Control of Rape (NCPCR), the training program will focus on improving legal, medical, and social service procedures faced by the youngsters.

Typically, sexually abused children who come to the attention of authorities are questioned by a number of different people, explained Dr. Mary Lystad, NCPCR Chief.

See VICTIMS (P. 2, Col. 2)

INSIDE . . .

Reinforcing Drug-Free Lifestyles 3

U.S. Department
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Human Serices

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KOOP *from page 1*

Sciences, and the other by the Canadian Addiction Research Foundation for the World Health Organization. Both independent reviews corroborate the Public Health Service prior findings of health hazards associated with marijuana use: acute intoxication with marijuana interferes with many aspects of mental functioning and has serious acute effects on perception and skilled performance, such as driving and other complex tasks involving judgment or fine motor skills.

> ***"What little we know for certain about the effects of marijuana on human health—and all that we have reason to suspect—justifies serious national concern."***

Among the known or suspected chronic effects of marijuana use are:

- Imparied short-term memory and slowed learning;
- Imparied lung function similar to that found in cigarette smokers. Indications are that more serious effects may ensue following extended use;
- Decreased sperm count and sperm motility;
- Interference with ovulation and prenatal development;
- Impaired immune response;
- Possible adverse effects on heart function; and
- By-products of marijuana remaining in body fat for several weeks with unknown consequences. The storage of these by-products increases the possibilities for chronic effects as well as residual effects on performance even after the acute reaction to the drug has worn off.

"I am especially concerned about the long-term developmental effects of marijuana use on children and adolescents, who are particularly vulnerable to the drug's behavioral and physiological effects. The "amotivational syndrome" has been attributed by some to prolonged use of marijuana by youth. The syndrome is characterized by a pattern of loss of energy, diminished school performance, harmed parental relationships, and other behavioral disruptions. Though more research is required to clarify the course and extent, in recent national surveys up to 40 percent of heavy users report that they observe some or all of these symptoms in themselves.

"The Public Health Service review of the health consequences of marijuana supports the major conclusion of the National Academy of Sciences' Institute of Medicine:

> What little we know for certain about the effects of marijuana on human health—and all that we have reason to suspect—justifies serious national concern."

VICTIMS *from page 1*

Police, medical staff, social workers, and lawyers for the prosecution and the defense may require victims to describe and redescribe, in detail, the abuse they have experienced, she pointed out.

Further, to gain evidence or to check for venereal disease or for pregnancy, children often undergo physical examination, which, if not handled sensitively, can be additionally traumatic.

"Those who work with sexually victimized children need to understand the shock, fear, and guilt these youngsters feel, particularly in the majority of cases where the abuser is a member or friend of the family," said Lystad. "In addition, if they are to help children and families, professionals must learn to cope with their own shock and outrage."

To help law enforcement, legal, health care, and social service professionals improve case management skills and sensitivity, Joyce Thomas, Director, Children's Hospital Child Protection Center, will offer 3-day intensive workshops, based on experience gained from her work with sexually victimized children.

Children's Hospital provided services for 1,500 victims, ranging in age from 6 months to 16 years, from January 1, 1978, to July 1, 1982, said Thomas.

Pointing out that poverty, high rates of working mothers, and single parent families place urban children at high risk for sexual abuse, Thomas plans to export the D.C. training program to other urban areas.

Other program goals include teaching case-finding techniques to prevent initial and repeated sexual victimization, and encouraging adoption of training program components into regular curricula of medical, nursing, legal, police, social service, and child care training programs.

—Marilyn Sargent, NIMH

CREDENTIALING *from page 1*

petencies needed, and methods recommended for assessing performance.

"By setting forth national model counselor standards, this project implies general recognition that there is a certain core of treatment responsibilities for alcoholism counselors, and that these functions can be described, taught, evidenced on the job, and tested," said Loran Archer, Deputy NIAAA Director.

Development of the new standards will be guided by a 10-member group of alcoholism counselors representative of the field. The committee's membership is being developed in consultation with the National Association of Alcoholism Counselors, the National Association of State Alcohol and Drug Abuse Directors, and other alcoholism-related organizations. The Committee will be assisted by a 7-member counselor task group.

During the course of the contract, NIAAA will periodically report to the alcoholism field on the direction and progress of the standards development project.

"We look forward to these new standards becoming benchmarks for all organizations wishing to use them to help achieve and maintain high-quality alcoholism services," said James Snapp, NIAAA contract project officer. "They will not only benefit clients in treatment but also could open up the possibility of third-party reimbursement of alcoholism services on the basis of function rather than profession."

The model standards will be useful to various credentialing bodies to help assure that persons they certify are truly capable of providing a range of quality services to clients and their families, Snapp pointed out.

"With the core standards to build on, each credentialing organization can decide if it wishes to require workers to have different or added skills and knowledge, based on particular sets of conditions or circumstances," he added.

The national model standards also can establish a base from which renewal or recertification requirements can be set, Snapp suggested.

—James Helsing, ADAMHA

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-William Mayer, M.D., Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

Editor: Kate Callen. Photography: Nilo Olin. Institute contacts: NIAAA-Brenda Hewitt, 443-4883; NIDA-Susan Lachter, 443-1124; NIMH-Marilyn Sargent, 443-4536; Saint Elizabeths Hospital-Don Coyle, 574-7034. Published biweekly by the Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events.

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ADAMHA News invites comments. Phone (301) 443-3783 or write to: OCPA, Room 12C-15, 5600 Fishers Lane, Rockville, Md. 20857

Thompson: Create New 'Free Enterprise' Techniques To Treat Drug Abusers

Dr. Travis Thompson of the University of Minnesota has proposed a new system for treating drug abusers in the spirit of free enterprise.

The treatment system, as it stands now, tends to reward service providers for just treating people, rather than rewarding successful treatment, Thompson said at the NIDA meeting on behavioral intervention techniques in drug abuse treatment. He proposed instead a brokerage system established in Canada for the mentally retarded. In this, service providers are rewarded with monetary payment when their clients make progress.

"Communities have not set up contingencies in an optimal fashion," Thompson said. In other words, communities have not ensured that drug-dependent individuals immediately experience the unfavorable consequences of their drug-taking. For example, illicit drug users can rely on public assistance for reinforcers such as food and shelter while maintaining their drug-taking habits.

Further, he said, the usual practice of segregating patients in clinics in which the dominant treatment strategy is methadone maintenance or some other specific technology does not give treatment providers control over the external variables in the environment that precipitated the drug-taking behavior in the first place.

"An array of services is needed which manipulates all the variables in the patient's environment at the same time," Thompson said. Such services would be provided by existing resources in the community. A so-called "broker" would seek out physicians and other service providers to treat clients on an individual basis. The broker, who would be assigned a certain client load, would be paid in proportion to the clients' success. In addition, different providers would be sought by the broker if the treatments were ineffective.

Providers would then have incentives to work together to implement drug treatment strategies in a sustained way, Thompson noted. For drug abuse treatment to have a long-lasting effect, alternate behaviors have to be developed that are incompatible with drug-seeking and -taking behaviors. The point is to "enlist naturally controlling variables in [patients'] environments" such as family support, a job, or financial necessities that are incompatible with drug use.

"Drug dependence is such a complex problem that no one technique is going to solve it," Thompson said. For example, he suggested that methadone be used as a therapeutic tool within a behavioral model which could lead to "teaching patients avenues of alternate reinforcers [other than drugs] which are gratifying."

He emphasized, "There is no one quick, easy way to eliminate drug abuse."

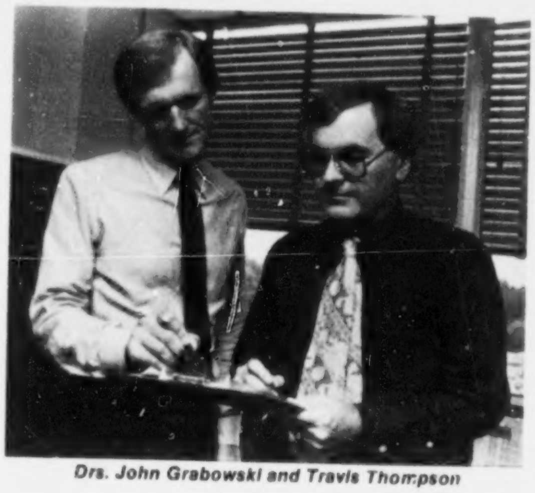
—Lenore Gelb, NIDA

DRUG ABUSE TREATMENT

Reinforcing Drug-Free Lifestyles

A major goal of drug abuse treatment is supplanting illicit drug use with alternative behaviors that can fit naturally into the patient's daily life.

Examples of such behaviors and effective methods of reinforcing them were presented at a recent NIDA meeting on "Behavioral Intervention Techniques in Drug Abuse Treatment and Clinical Research."



Drs. John Grabowski and Travis Thompson

"To the extent we can establish control in the real world [of the patient], we improve our chances of success in treating problems correlated with drug abuse," said Dr. John Grabowski, NIDA scientist and cochairperson of the meeting.

Behavioral techniques are based on the premise that behavior is controlled by its environmental consequences and, further, that aspects of the environment can be changed to modify behavior.

For example, when two people smile at one another, they are each more likely to smile in the future. Smiling, therefore, is "reinforcing." In relation to drug use, drug self-administration is reinforced by drug effects and their related consequences. Contingency management, one behavioral technique, focuses on controlling the rules or contingencies that govern the relationship between a behavior and its consequences.

Participants described the results of applying behavioral techniques, along with the problems and ethical issues inherent in any treatment. For the most part, they preferred rewarding behaviors that are consonant with a productive, self-sustaining lifestyle.

"We should describe behavioral strategies for eliminating one set of reinforced behaviors—in this case, drug use—and establishing a new set through stimulus control and alternate reinforcers," suggested Grabowski.

Dr. George Bigelow, Johns Hopkins University and Baltimore City Hospitals, pointed out that patients often get punished for bad behaviors rather than being rewarded for improving. The problem, he noted, is that "it is socially unacceptable to give reinforcements to the 'bad guys' [drug abusers]." Bigelow suggested using positive reinforcers systematically, such as take-home methadone privileges.

Dr. Maxine Stitzer, meeting cochairperson, also of Johns Hopkins and Baltimore City Hospitals, recommended positive reinforcement for patients "who might be doing poorly, but show improvement," and reported that her procedures reduced opiate use in the first 4 weeks of treatment.

Stitzer monitored the illicit or excessive use of drugs such as benzodiazepines and alcohol through the use of the EMIT (urinanalysis) system; this allowed her to reinforce patients immediately if the urinalysis was negative.

Dr. Roy Pickens, University of Minnesota, successfully used points as reinforcers with hospitalized middle-class sedative drug users. Clients earned points for desirable behaviors, such as attending therapy sessions or being neat; the points could be exchanged for reinforcers such as cigarettes.

Pickens said that more research is needed, especially to identify variables that work.

Other participants discussed their research on controlling variables which influence behavior in the "real world." Dr. Thomas Crowley, a University of Colorado psychiatrist, treated health professionals who were cocaine users by means of "contingency contracting"—a written agreement between patient and therapist which states the behavior to be changed and establishes ways to bring about the change.

Crowley's patients agreed to turn in their professional licenses if they resumed drug use. During treatment, he reported, many patients reduced or ended their drug use. But when the contract was terminated, the relapse rate was 50 percent. "If we have relapses with this population," Crowley said, "we have a big problem with inner-city addicts with whom we can't control reinforcements."

Dr. Thomas Todd, Harlem Valley Psychiatric Center in Philadelphia, found that family members of drug abusers can be helpful. "Unless you pay attention to contingencies affecting both the addict and the family, your treatment will not work," said Todd. His study is an example of intervention in the patient's natural environment.

Because getting and keeping a job is basically incompatible with drug use, Dr. Sharon Hall, University of California, taught drug abuse patients job-seeking skills. However, many subjects in her study subsequently lost their jobs due to interpersonal problems; to rectify this, she recommended teaching patients "relapse prevention skills."

REINFORCING

from page 3

Dr. Dana Hunt, New York State Division of Substance Abuse Services, and Dr. George Woody, Veterans Administration Medical Center in Philadelphia, recognized diversity in populations of drug dependent individuals they studied. Hunt identified subgroups within a given geographical region, and Woody identified specific psychiatric problems, such as sociopathy and depression, in his clinic population. Both agreed that this diversity should be reflected in individualized treatment programs tailored to the reinforcers that work best with specific individuals.

Since behavioral techniques have so much potential, why haven't they been used more in drug abuse treatment? Grabowski said, "Procedures have not been applied in a systematic way in clinical settings," partly because of political pressure to keep the treatment system the way it is. Other problems center around attitudes toward behavior therapy—for example, the assumption that relapse is more frequent when behavioral techniques are used.

"The fact is, no one has devised a drug treatment with lasting effects," Grabowski added. "There is relapse with all forms of treatment, largely because the environment can't sustain drug-free behavior."

Participants pointed out that relapse only seems more evident with behavioral techniques because behavior is better documented in this form of treatment.

Use of a broad spectrum of treatments, such as methadone and psychotherapy, within a behavioral model was proposed. For example, Dr. Travis Thompson, University of Minnesota, said in his overview, "Methadone can be used as a powerful tool for getting patients attached to other activities.

"A long-term commitment to intervention may be necessary" if drug abuse treatment is to succeed, he added.

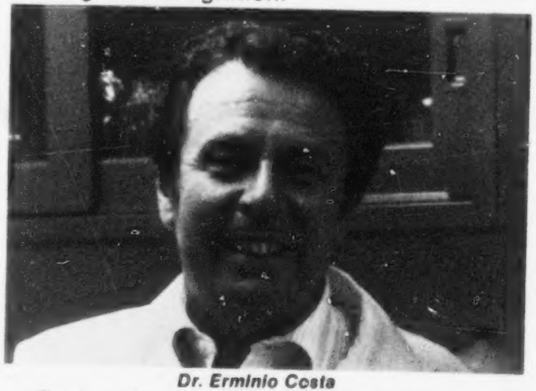
A monograph based on the meeting is planned. If will describe strategies for implementing behaviorial techniques for use by both clinicians and researchers.

—Lenore Gelb, NIDA

ADAMHA Employees Receive HHS Awards

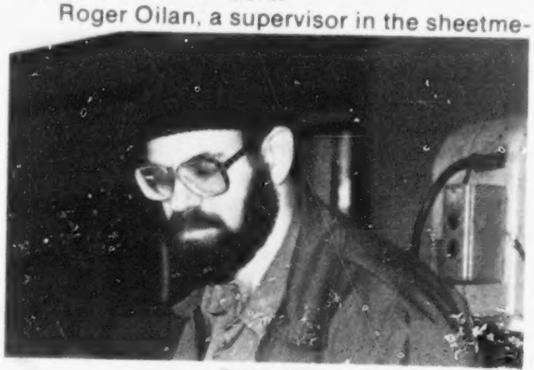
Three ADAMHA employees received outstanding service awards from HHS Secretary Richard Schweiker in the Department's Honor Awards Ceremony last month.

Dr. Erminio Costa, an NIMH Intramural Research scientist, received the HHS Distinguished Service Award given to individuals "whose services and achievements deserve the highest recognition."



Dr. Erminio Costa

Costa, who is Chief of the Laboratory of Preclinical Pharmacology, Division of Special Mental Health Research, received a gold medal and a $5.000 honorarium in recognition of his pioneering work "in elucidating the biochemical and pharmacological mechanisms of the brain, and in improving neuropsychiatric disorders.'"



Roger Ollan

Roger Oilan, a supervisor in the sheetmetal shop at Saint Elizabeths Hospital, also was honored with the HHS Distinguished Service Award for heroism in attempting to rescue victims of the January Air Florida plane crash in Washington, D.C. Upon witnessing the crash, Olian jumped into the Potomac River and pulled himself toward the airplane by grasping one ice chunk after another, reaching the aircraft just as the first rescue helicopter arrived.

Vivian Smith of Saint Elizabeths Hospital received the HHS Volunteer Award for her "outstanding volunteer activities dedicated to enhancing the quality of life for residents of the Anacostia and Southeast Washington communities."

Vivian Smith

The HHS Volunteer Award is designed to encourage and give recognition to employees who engage in and perform outstanding volunteer services in their communities.

Among the professional and civic organizations that have engaged Smith's efforts are the Greater Southeast Community Hospital Foundation, the American Cancer Society, the Frederick Douglass Memorial and Historical Association, the Mt. Morish Baptist Church of Southeast Washington, and the Center for the Aging in Southeast D.C., which she serves as president.

—Walter Clark, ADAMHA

Staff News

PARKLAWN HEALTH FAIR

The Parklawn Health Unit is sponsoring a Health Fair on September 22 for all PHS employees. The fair will take place in the Parklawn cafeteria from 9:30 a.m. to 2:30 p.m. It will feature displays and activities to present information on dental health, arthritis, diabetes, nutrition, physical fitness, and many other health topics. For further information, contact the Health Unit at 443-1238.

SEPTEMBER SEMINARS

St. E's Focuses On Patient Advocacy, Aging

Saint Elizabeths Hospital has scheduled two learning conferences during September on topics of interest to the mental health field.

The first is a Seminar on Patients' Rights to be held Friday, September 10, 9 a.m. to 5 p.m., at Hitchcock Hall. The seminar will explore advances in patient advocacy over the past decade. It also will present information on the Hospital's patient advocacy program, which, according to Patient Advocate Audrey Hazel, helps approximately 200 patients a year and serves as a model for similar public institutions.

While preregistration is not mandatory, anyone who wishes to attend is asked to contact Hazel at (202) 574-7742.

On September 17, from 8:30 a.m. to 3:30 p.m., the Hospital's Richardson Division and Overholser Division of Training will jointly present "A Workshop on Aging: Dementia in Middle and Later Years."

The workshop will feature presentations by Dr. Robert Blankfein, New York Medical College, and Dr. John Rowe, Harvard Medical School, on memory impairment and other problems associated with dementia. Staff members of the Richardson Division also will describe selected cases of patients suffering from dementia.

Designed for physicians, psychologisis, social workers, nurses, and other practitioners, the workshop has been approved for 6 hours of Continuing Medical Education credit. There is no fee; those wishing to attend should call Bernard Rabunsky at (202) 574-7454.

—Don Coyle, St. E's

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Pollin Alerts Congress to Growing 'Legal' Drug Problems

Use of two major categories of drugs—the so-called "look-alikes," and the over-the-counter (OTC) stimulants and depressants—today may well be the most rapidly growing drug problem in the U.S. in terms of use levels, NIDA Director William Pollin told a hearing of the House Select Committee on Narcotics Abuse and Control on Capitol Hill August 12.

"The advent of 'legal' recreational drugs other than alcohol is a relatively new phenomenon," Pollin explained. "Although data on these drugs are less firm than for such drugs as marijuana and PCP, the data we do have from the NIDA High School Survey and Drug Abuse Warning Network strongly suggest a significant increase in recent use.

"Such a trend is particularly noteworthy and disturbing," Pollin commented, "when most other drug use is on the downturn."

The NIDA Director explained that true "look-alikes" are products which mimic—in size, color, shape, or markings—prescription drugs such as amphetamines or quaaludes.

"Look-alikes" promoted as "uppers" for their amphetamine-like properties generally contain one or more of the nonprescription stimulants caffeine, phenylpropanolamine (PPA), or ephedrine, Pollin said, and those marketed as tranquilizers or 'downers' usually contain only antihistamines.

"Manufacturers of 'look-alike' drugs promote their products through college newspapers, handbills at truckstops, unsolicited literature from mail order firms, or through storefront operations, often located near high school or college campuses. The distributors promote the drugs as '100 percent legal' or 'legal stimulants.' In some cases, the products are advertised by common street names for amphetamines and barbiturates, such as Black Beauties or Yellow Jackets. Because of their physical appearance, the buyer may be led to believe that he or she is purchasing a controlled substance," Pollin said.

The OTC drugs that concern NIDA are the stimulants and depressants marketed as "pep" pills, diet aids, or sleep aids. "These products contain many of the same ingredients as the look-alikes in various combinations, although they are not deliberately manufactured to deceive the public," Pollin said.

"We believe that both of these categories of products contribute significantly to the national drug abuse problem, particularly by young people," Pollin told the Committee.

"Significant numbers of individuals may be

See 'LOOK-ALIKE' (P. 2, Col. 1)

CHINESE-NIMH STUDY SUGGESTS

Genetic Difference in Drug Metabolism

A genetic difference in metabolism apparently accounts for use of lower doses of tricyclic antidepressant drugs in China than in the West, according to NIMH scientists.

A study has confirmed earlier suspicions that the breakdown of such drugs by enzymes in the liver—a process called hydroxylation—tends to be slower among Chinese than among Caucasians, suggesting probable hereditary differences.

One of the first substantive outgrowths of the U.S.-China Cooperative Agreement on Health, the study at NIMH employed visiting scientists from China as both investigators and subjects.

The slower metabolic activity results in relatively higher levels of the drugs remaining in the body, and hence requires a lower dosage, explained Dr. Matthew Rudorfer, Clinical Psychobiology Branch, NIMH Intramural Research Program.

Colleague Dr. William Potter added that the finding will permit development of predictive tests for tailoring drugs to the re-

Drs. Wen-Ho Chang and Mingdao Zhang in NIMH research laboratory.

See CHINESE (P. 2, Col. 2)

INSIDE . . .

Depression Test Needs Further Trials Before Clinical Use 3

U.S. Department of Health and Human Services
September 7, 1982
Vol. VIII
No. 17

HE 20.8013:

RESEARCHER WINS NIDA PACESETTER AWARD

Dr. Lloyd Johnston

Dr. Lloyd Johnston, University of Michigan Institute of Social Research, received NIDA's Pacesetter Award August 24 at the annual American Psychological Association meeting in Washington, D.C. in recognition of his contribution to the study of drug abuse among youth.

Since 1975, Johnston and his colleagues have conducted the annual NIDA National High School Senior Survey, which collects data both on drug use by the students, and their attitudes about drugs.

NIDA gives its Pacesetter Awards to recognize outstanding achievement in research, and to focus attention on the high quality of research now being conducted in the drug abuse field.

"The results of the High School Survey have consistently allowed a more rational shaping of national policy as we increase our understanding of the extent and patterns of adolescent drug use," said Dr. Jack Durell, NIDA's Acting Associate Director for Science, who presented the Award.

The presentation to Johnston was the first time the Pacesetter Award has been given at the APA annual meeting.

–Lenore Gelb, NIDA

'LOOK-ALIKE' *from page 1*

using these substances for recreational, 'legal' highs. These drugs in turn can act as stepping stones to use of other drugs, or contribute to making the drug experience an increasingly important or central part of life."

A principal concern regarding health effects of "look-alikes" and other OTC stimulants and depressants is the developmental danger they pose for young Americans. Beyond such drugs being inappropriately used as "shortcuts to pleasure" or "substitutes for satisfaction derived from realistic achievement," Pollin said there also are well-documented reports of "look-alikes" being associated with adverse physical effects such as cerebral hemorrhage or severe hypertension.

He also reviewed other physical effects of combinations of caffeine, ephedrine, or PPA and highlighted the possibility of serious problems developing if a user who fails to get an expected effect from a "look-alike" proceeds to increase the dosage in quest of a desired euphoric state. "At these high dose levels, the cardiovascular system is under considerable stress and in susceptible individuals may fail."

Pollin went on to describe Institute efforts to respond to the 'look-alike' problem, including improved data collection procedures. The 1982 NIDA High School Senior Survey, for example, for the first time distinguishes between amphetamines and "look-alikes." NIDA also has sent an alert on the nature and extent of problems and health consequences of "look-alikes" to reporting units of the Drug Abuse Warning Network.

Another NIDA initiative is to alert the professional community and general public to the "look-alike" problem. "We are currently reviewing with the American Medical Association how best to alert the medical community, specifically exploring the potential of putting information on this problem into the developing AMA drug information data bank," Pollin reported.

The Institute is providing information and technical assistance to the National Parents Movement to facilitate passage of State and local legislation to control use of "look-alike" drugs, Pollin told the Committee.

The hearing was called for the purpose of reviewing current Federal and State action against look-alike drugs and "to explore whether existing Federal authorities are adequate to respond to this problem or if new Federal authority is needed to put an end to manufacturing and marketing of these insidious products," Committee Chairman Leo Zeferetti (N.Y.) said.

Another witness, Illinois Attorney General Tyrone Faher, described legislation recently enacted in that State to control what he described as an "epidemic of 'look-alike' drugs that has swept the country almost uncontrolled."

Officials of the Drug Enforcement Administration, Food and Drug Administration, U.S. Postal Inspection Service, and the Federal Trade Commission also testified, as did representatives of pharmaceutical companies.

—James Helsing, ADAMHA

Drs. Wen-Ho Chang, Matthew Rudorfer, William Potter, Elizabeth Lane, and Mingdao Zhang.

CHINESE *from page 1*

quirements of different populations. Use of tricyclics as neuroendocrine probes may also help resolve a question about the prevalence of depression in China.

In collaboration with Drs. Mingdao Zhang and Wen-Ho Chang, visiting scientists at NIMH under the 1980 Agreement, Potter, Rudorfer and Dr. Elizabeth Lane, a visiting fellow from Australia, compared the metabolism of a single dose of desipramine in a sample of 16 Americans and 14 Chinese. Most of the latter groups were visiting scientists at the National Institutes of Health.

Traces of the drug and byproducts of its breakdown were measured daily in blood and urine samples over a five-day period. The substances took longer to clear the body among the Chinese.

This suggests that genes determining rates of hydroxylation for the large class of drugs represented by desipramine are expressed according to a "trimodal" distribution.

"Some Chinese are slow and some are intermediate. Some Caucasians are rapid and some intermediate. But very rarely are Caucasians slow or Chinese rapid in hydroxylation rates," explained Lane.

Refinement of such knowledge into predictive tests of drug response promises a shortcut to determining dosages for the large and growing array of cardiovascular and psychoactive drugs that are metabolized by hydroxylation, noted Potter. Without such a theory or model, proper dosages for each new drug could be determined only by painstaking and sometimes risky trial and effort over time in each population.

Research psychiatrists like Potter are also intrigued by the prospect of using desipramine response as a biological marker for depression in China. Americans diagnosed as depressed show a characteristic biochemical abnormality, blunted growth hormone levels, after a single dose of the drug.

Zhang and Chang now will be able to train other Chinese investigators in how to perform the growth hormone assay and to carry out the clinical protocol. They plan to screen Chinese patient populations for the abnormal desipramine response upon their return to China, they said.

Potter hopes the studies will eventually help determine the prevalence of depression in China. Chinese psychiatrists, particularly in the northern provinces, report surprisingly few cases of depression, perhaps due to different diagnostic schemes or social stigma surrounding the illness.

"We need to compare populations across symptoms, taking a neutral view, free of language issues, and simply ask: Are biological markers which are abnormal in Caucasian depressives also abnormal in Chinese?" said Potter.

—Jules Asher, NIMH

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-Loran Archer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

Editor: Kate Callen. Photography: Nilo Olin. Institute contacts: NIAAA Brenda Hewitt, 443-4883; NIDA Susan Lachter, 443-1124; NIMH Marilyn Sargent, 443-4536; Saint Elizabeths Hospital Don Coyle, 574-7034. Published biweekly by the Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events.

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ADAMHA News invites comments. Phone (301) 443-3783 or write to: OCPA, Room 12C-15, 5600 Fishers Lane, Rockville, Md. 20857

TEST FOR IDENTIFYING DEPRESSION STILL NEEDS STUDY, SCIENTISTS SAY

The dexamethasone suppression test (DST) may have useful clinical applications in the future for depressed patients, but considerable research is needed before it can be recommended for general clinical use, scientists at a recent NIMH workshop concluded.

Organized and chaired by Dr. Robert Hirschfeld, Center for Studies of Affective Disorders, Clinical Research Branch, and Dr. Stephen Koslow, Neuroscience Research Branch, Division of Extramural Research Programs, the workshop had two objectives: (1) to develop a statement informing clinicians of appropriate application of DST based on current knowledge, and (2) to determine research needs to clarify clinical issues regarding DST.

The 14 participating investigators, experts in areas related to DST, agreed that the test can differentiate some depressed patients from patients with other psychiatric disorders as well as from normal controls, but, they noted, interpretation of the test is complex. Factors which can influence test results include inpatient vs. outpatient status, recent drug use by patients, and several medical conditions.

Further, they pointed out, it is still unclear whether DST differentiates among depressive subtypes, such as melancholia from other types of depression, or whether it predicts treatment response or future recurrence.

The DST involves assessment of whether cortisol, a hormone secreted by the adrenal glands, is suppressed following administration of dexamethasone. In the overwhelming majority of normal persons, dexamethasone does suppress cortisol secretion temporarily; in contrast, in up to 50 percent of depressed patients, depending on the sample, it is not suppressed.

Dr. Bernard Carroll, Mental Health Research Institute, University of Michigan, has found non-suppression of dexamethasone to be an "episode-related biological marker for melancholia which indicates the need for somatic treatment as part of the patient's therapeutic regimen." While other researchers have found non-suppression in many patients with melancholia, non-suppression also occurred with sufficient frequency in other subtypes of depression to raise questions about its diagnostic specificity.

Dr. Peter Stokes, Cornell University Medical Center, in a review of DST history, expressed reservations about its use currently for diagnosing or monitoring treatment response.

Carroll raised questions about the replications, pointing out differences in research procedures and patient criteria. He also discussed the many conditions under which DST would give either false positive or false negative results. Of major concern were the false positives caused by the presence of competing drugs in the patient's system, particularly alcohol and narcotics which take weeks to "wash out."

Another issue is the variances in cortisol assay techniques, described as "tremendous" by Dr. Herbert Meltzer, Illinois State Psychiatric Institute. He expressed concern about the influence of the various assay techniques on DST outcome, since techniques used in most clinical laboratories are more appropriate for higher levels of plasma cortisol than the range in depressed patients.

With these issues in mind, Dr. David Kupfer, Western Psychiatric Institute and Clinic, emphasized the importance of providing practitioners with a balanced view of DST to counter possible overuse stimulated by media attention. For example, following a "20/20" TV show aired earlier this year and rebroadcast in July, thousands of viewers besieged the TV network, NIMH, and mental health facilities and practitioners across the country seeking a test for "biological" depression.

The difficulty faced by workshop participants lay in how to achieve a balanced view of the DST test. While all agreed it is essential that physicians be discouraged from using DST routinely in evaluating patients, there also was agreement that they not be deterred from using it to monitor the relatively small number of patients for whom it might prove helpful.

For example, Dr. Steven Targum, Psychiatric Institute, Washington, D.C., reported preliminary findings suggesting that when dexamethasone levels do not "normalize" with drug treatment, the possibility for early relapse increases. These non-suppressors—about 1 in 20 patients—need careful observation and continued intervention, he said. Other patients for whom the test may be useful are those who do not respond well to medication. Here the DST could be a useful tool to predict early relapse and the need for other treatments.

Kupfer, who conducts sleep studies, reported that he found non-suppression associated with shortened REM latency in many depressed patients and suggested that these patients might be a good group to study. REM latency, the period elapsing before dreaming begins, has been found to be consistently shorter in depressed individuals by Kupfer and others. Thus, shortened REM latency is considered to be a possible marker for endogenous depression.

Dr. James Maas, Yale University School of Medicine, also urged researchers to study the interaction of various biological markers in patients. Citing seven biological phenomena associated with depression by various studies, he called for researchers to look at how they cluster in patients as a way of possibly determining diagnostic subgroups.

Other workshop participants included Dr. Paula Clayton, Department of Psychiatry, University of Minnesota; Dr. Irl Extein, Fair Oaks Hospital, Summit, N.J.; Dr. Thomas Insel, NIMH; Dr. Donald Klein, New York State Psychiatric Institute; Dr. Peter Loosen, Department of Psychiatry, University of North Carolina at Chapel Hill; Dr. Seymour Reichlin, New England Medical Center Hospital; Dr. Robert Spitzer, New York State Psychiatric Institute; and Dr. Walter Brown, Department of Psychiatry, VA Hospital, Providence, Rhode Island.

—Marilyn Sargent, NIMH

St. E's Recognizes Contributions of Foster-Grandparents

Saint Elizabeths staffer Ben Kosiorowski presents certificates to foster grandmothers Annabelle Travers, Beatrice Dillard, and Alberta Mitchell.

Many have heard about foster homes and foster parents, with which human services agencies provide substitute families and parents, as well as temporary residence when needed for individuals. Some agencies now provide foster grandparents, too, adding another generation of familial support.

The foster grandparent concept is a natural extension of the foster parent relationship, but the two can be very different. Real grandparents often are more objective than the parents, more respected by the child, and separate from the day-to-day discipline of the child's immediate family. Foster grandparents may likewise develop intimate relationships with children that the parents cannot achieve. They perform the functions of a listener, counselor, caring kinperson, and role model.

The concept of foster grandparents originated in the former Office of Economic Opportunity and was first implemented in the Washington area in a D.C. Department of Human Resources program providing 10 volunteer grandparents at Forest Haven, a D.C. children's facility. In 1972, the Greater Washington Central Labor Council, AFL-CIO, sponsored the program, expanding the number to 65 stipended grandparents at the original facility. Later, grants from ACTION, the Federal volunteer project funding agency, enabled the labor group to expand the program in D.C. to more than 100 foster grandmothers and 23 foster grandfathers.

Three of the foster grandparents serve at Saint Elizabeths Hospital, Division of Child

See GRANDPARENTS (P. 4, Col. 1)

GRANDPARENTS *from page 3*

and Adolescent Services. There they help patients in the Division's school on a one-to-one basis and develop supportive relationships with them. In addition to assisting the youngsters with schoolwork, they are keen listeners and empathetic persons who enhance security, provide counseling that is likely to be accepted by the child as objective, and present role models that encourage valuable traits.

Persons who are successful as foster grandparents are those who have had a wide range of experiences and have a commitment to helping others, and who are receptive to training and supervision needed to use their skills most effectively.

The Hospital's Child and Adolescent Division recently held an Appreciation Ceremony at which it recognized the therapeutic contributions of its three foster grandparents. The relationships they generated have been so valuable that foster grandparents are assured of a continuing place in the Division.

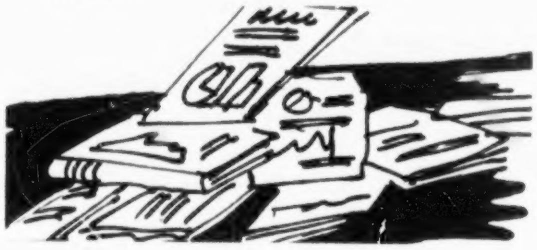
For further information about foster grandparents, call Edith Orem, Director, Metropolitan Washington Council AFL-CIO Foster Grandparent Program, (202) 783-4245. For information about foster grandparents in the Saint Elizabeths Division of Child and Adolescent Services, call Ben Kosiorowski, (202) 574-7617.

—*Don Coyle, St. E's*

New Publications

Available from Public Inquiries, NIMH, Room 15C-17, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4513. Single copies only.

- *Preventive Intervention in Schizophrenia: Are We Ready?* DHHS Publication No. (ADM) 81-1111. Proceedings of a conference held at the University of California, Los Angeles, May 15-16, 1980. Third in a Primary Prevention Publication Series. The first two were *Primary Prevention: An Idea Whose Time Has Come*, and *Mutual Self-Help Groups: A Guide for Mental Health Workers*.
- *Public and Private Sources of Funding for Sexual Assault Treatment Programs*, DHHS Publication No. (ADM) 81-117. Prepared by the National Center for the Prevention and Control of Rape to help rape crisis centers and other sexual assault treatment and service programs obtain financial support.
- *Interorganizational Relations: A Sourcebook of Measures for Mental Health Programs*, DHHS Publication No. (ADM) 82-1187. This sourcebook presents an overview of 26 concepts and 35 measures currently used in the field of interorganizational research. Also available from the Government Printing Office, Washington, D.C., 20402, Stock No. 017-024-01133-9, at $6.00.
- *Separate Psychiatric Settings in Non-Federal General Hospitals, United States 1977-78*, DHHS Publication No. (ADM) 82-1140. The report examines the current role of general hospitals in providing psychiatric services.
- *Private Psychiatric Hospitals, United States 1977-78*, DHHS Publication No. (ADM) 82-1141. Focuses on the role of private psychiatric hospitals in the U.S., with emphasis on the extent to which this role may be changing.
- *Mental Health Administration: An Annotated Bibliography, Volume II*, DHHS Publication No. (ADM) 81-1155. This volume includes what the editors judge to be useful literature published 1976-1980 on administration of mental health programs.
- *Depressive Disorders: Causes and Treatment*, DHHS Publication No. (ADM) 82-1081. Reissued 1982. A 13-page booklet on depression, directed to the general public.



STAFF NEWS

KIM NAMED NEW PRESIDENT OF FEDERALLY EMPLOYED WOMEN

Vivian Kim, research assistant in the Office of Special Populations, OA, was recently named President of the Parklawn Chapter of Federally Employed Women for the 1982-83 program year. She was installed in office along with several other PHS employees at the first annual FEW Awards Dinner in Bethesda, Md.

Kim, the first Asian-American elected to the FEW Board of Directors, said "Women should strive to help one another and society as a whole. They have leadership abilities equal to men in the workforce." In particular, she wants to help minority women to increase their participation and membership in FEW.

Other PHS employees named to office were: Judi Funkhouser, NIAAA, Vice President for program; Helen Galvin, ADAMHA, Vice President for membership; Cecilia Werito, HSA, Secretary; Gloria Chang, FDA, Treasurer; and Frances Premo, ADAMHA, member of the Board.

The Parklawn Chapter of Federally Employed Women will holds its next meeting September 22 in Conf. Room K, Parklawn Bldg., at 12 Noon.

The National President of FEW will attend, and speak on "Women's Issues."

A FEW Outstanding Performance Award was presented to Funkhouser, for her service as editor of the local FEW chapter newsletter and for serving as acting Federal Women's Program Manager.

Galvin received an Outstanding Performance Award for contribution to the local chapter and advocacy on behalf of Federal women employees.

Vivian Kim

Kim gave a report at the recent meeting of the ADAMHA Women's Council on the 13th FEW National Training Program in San Antonio, Texas, July 21-24, at which she represented ADAMHA. She described the training conference as providing excellent assistance on development, promotion, education, and progress of women in the Federal workforce.

8/18

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

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Institutes Given Lead Roles in New Management Approach

Left to right: Drs. Michael Fishman, Jack Durell, and William Mayer

ADAMHA Administrator William Mayer has inaugurated a "lead Institute" approach to managing selected agency activities which cross Institute lines.

The aim is to continue the momentum of ADAMHA programs, despite reduced budgets and staff, to accomplish the agency's missions and reach program goals.

The new arrangement is apparent, for example, in the recent designation of NIDA as the agency's cross-Institute "lead" for prevention and health promotion, and of NIMH for activities related to children and youth.

Dr. Jack Durell, NIDA's Acting Associate Director for Science, has been named as the person responsible to the Administrator for providing leadership in prevention on behalf of the entire agency. Dr. Michael Fishman, NIMH, has been assigned a comparable agency-wide role for children and youth. He will chair a new agency coordinating group with representatives of each Institute.

Mayer said he sees the new creative man-

See MANAGEMENT (P. 8, Col. 1)

- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institute of Mental Health

U.S. Department of Health and Human Services
October 5, 1982
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adpa
Alcohol and
Drug Problems
Association

Schweiker Spotlights Prevention

SALUTES SUCCESSES: PLEDGES CONTINUED RESEARCH SUPPORT

"There is good reason to be upbeat" about the national effort "to prevent the damage and despair of drug and alcohol abuse," HHS Secretary Richard Schweiker told the annual meeting of the Alcohol and Drug Problems Association of North America (ADPA) in Washington, D.C., recently.

The Secretary said he was optimistic "not because alcohol and drug abuse problems are solved, but because we have come so far and accomplished so much during the past few years."

He told the ADPA delegates, "We're scoring enormous successes in large part because of the professionalism of you in this room. No matter how serious are the problems of drug and alcohol abuse—and they do remain menacing—you have every right to feel deep satisfaction for what has already been accomplished.

"From your work, all Americans are drawing hope," the Secretary said.

> *"Our greatest challenge [is] . . . public education about the terrible human cost of alcohol and drug abuse."*

After assuring the audience of continuing support for drug and alcohol research, which he said "we'll expand into new fields," Schweiker discussed what he considers "our greatest challenge and the key to our progress in the coming years—public education about the terrible human cost of alcohol and drug abuse.

"No one who reflects upon that human cost—and certainly no one who has seen it personally—can ever tire of telling neighbors, children, and government officials how

See PREVENTION (P. 4, Col. 1)

SECRETARY LAUNCHES DRIVE TO REDUCE TEEN ALCOHOL ABUSE

HHS Secretary Richard Schweiker has launched a campaign to draw nationwide attention to the tragic health and social consequences of teenage alcohol abuse.

The Secretary is calling upon the private sector and various Federal agencies to join in a concerted national effort to prevent and treat alcohol abuse among young people.

He announced a new Departmental Initiative on teenage alcohol abuse in San Francisco October 4, at the first in a series of 10 regional 2-day conferences on alcohol abuse prevention and early intervention held for teachers, school administrators, and parents across the country.

In his keynote address, Schweiker told participants that HHS will undertake a range of specific actions in addition to the 10 prevention conferences. These will include: a second series of regional conferences on assessing the need for and designing comprehensive treatment services for youth; a Secretarial conference to call national attention to the work of Students Against Driving Drunk (S.A.D.D.); and cooperation between the United States and the World Health Organization (WHO) and among various Federal agencies on teenage alcohol-related problems.

The prevention conferences will examine five components of alcohol and drug education for youth: namely, classroom education and teacher training; parent education; community approaches; early intervention; and school policies. The aim of these conferences, as well as the series of treatment conferences slated to begin next summer, is to discuss the elements that make up a comprehensive and effective program for youth.

The Secretarial conference, scheduled for Spring 1983, will spotlight the work of

See ABUSE (P. 2, Col. 1)

ABUSE

from page 1

S.A.D.D., an organization formed last September by teenagers in Wayland, Mass., and other youth groups addressing this issue. Student leaders will participate in the conference, and private industry will be asked to sponsor their attendance. Other Federal agencies invited to co-sponsor the event include the Departments of Transportation, Agriculture, and Education.

S.A.D.D. was founded last year by students who were inspired by a health education course for new drivers which dramatized the hazards of drinking and driving. Recognizing the threat posed to their generation the teenagers united around the theme "Please help us to realize our dream of no teenage alcohol-related deaths on our highways." To enlist parents' support, they devised a "Drinking-Drive Contract Between Parent and Teenager" to provide alternate transportation in potentially hazardous situations.

The S.A.D.D. concept caught on so well with the public that May 22 of this year was proclaimed as S.A.D.D. Massachusetts Day, and youth groups fashioned after S.A.D.D. have proliferated across the country.

Another of the Initiative's aims is active cooperation among Federal agencies to combat teenage drinking problems. Schweiker has charged several HHS agencies to collaborate on a range of research, education, prevention, and treatment programs. He also has contacted other Cabinet officials (such as the Secretaries of Education, Agriculture, and Transportation) to enlist their participation in the Initiative.

The Initiative also will address the international impact of teenage alcohol abuse, which was a subject of discussion at the recent World Health Assembly Technical Discussions. As a result of these Discussions, a series of recommendations on combating alcohol abuse by youth will be presented to WHO by the World Health Assembly.

Assistant Secretary for Health Edward Brandt will apprise WHO Director-General H. Mahler of the Secretarial Initiative and reaffirm U.S. interest in and support for WHO activities in this area.

NIAAA has been designated as the lead HHS agency for the Secretarial Initiative. According to ADAMHA Administrator William Mayer, who is Acting NIAAA Director, "The scope of this Initiative and the Secretary's personal commitment to its success signify that teenage alcohol abuse is being recognized as a major U.S. public health problem. We are glad for this opportunity to put our knowledge to work in averting the further waste of our Nation's youth."

The schedule of the nine regional prevention conferences following the October 4-5 meeting in San Francisco is:

October 7-8, Atlanta, Ga.
October 11-12, Boston, Mass.
October 14-15, Dallas, Tex.
October 21-22, Chicago, Ill.
October 28-29, New York, N.Y.
November 1-2, Kansas City, Mo.
November 4-5, Denver, Colo.
November 8-9, Baltimore, Md.
November 15-16, Portland, Ore.

> ***"Recognizing the threat posed to their generation, the teenagers united around the theme, 'Please help us to realize our dream of no teenage alcohol-related deaths on our highways.' "***

Henrietta Hubbard, NIAAA's project officer for the Secretarial Initiative, notes that, in addition to educators and parents, the conferences also will be open to staff of local substance abuse prevention programs and other organizations concerned about preventing alcohol and/or drug abuse. No registration fees are required.

Information may be obtained by calling a toll-free telephone number (800) 227-3846. (In California, call (415) 398-2040.)

Anyone who cannot attend the workshops but who desires information on alcohol and drug education programs for youth may send for a 300-page guidebook entitled "Prevention Plus: Involving Schools, Parents, and the Community in Alcohol and Drug Education."

The guide describes five model prevention approaches and provides step-by-step information on creating similar programs. It will be available in the near future from:

NIAAA Division of Prevention
5600 Fishers Lane
Rm. 16C-04
Rockville, MD 20857

—K.C., ADAMHA

ADAMHA NEWS

Alcohol, Drug Abuse, and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-William Mayer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

Editor: Kate Callen Photography: Nilo Olin Institute contacts: NIAAA-Brenda Hewitt, 443-4883 NIDA-Susan Lachter, 443-1124 NIMH-Marilyn Sargent, 443-4536 Saint Elizabeths Hospital-Don Coyle, 574-7034 Published biweekly by the Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events.

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ADAMHA News invites comments. Phone (301) 443-3783 or write to: OCPA, Room 12C-15, 5600 Fishers Lane, Rockville, Md. 20857.

TV and Behavior Report, Volume II, Is Now Available

Volume 2 of the NIMH report, *Television and Behavior: Ten Years of Scientific Progress and Implications for the Eighties,* is off the press.

The new volume presents the technical review of studies summarized in Volume 1, which was published earlier this year and received widespread media and public attention.

It contains the papers commissioned by NIMH which provide "a comprehensive and critical syntheses of relevant scientific literature by 24 of the most knowledgeable researchers in this area," said Dr. David Pearl, Project Director.

Designed as an update of the 1972 Surgeon General's report on television and behavior, the new 362-page report goes beyond corroborating earlier findings of a relationship between televised violence and aggression in some viewers. It also provides cogent reviews of 10 years of research on TV's influence on cognitive functioning, the emotions, social beliefs and behaviors, and physical and mental health.

Both Volumes 1 and 2 can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Stock numbers as well as titles should be used in ordering. Volume 1, Summary Report is No. 017-024-01129-1 and Volume 2, Technical Reviews is No. 017-024-001141-0.

NIMH
Staff College
Presents

"Psychotherapeutic Approaches
to Schizophrenia:
An Assessment and Review"

Dr. John Gunderson
Director of Psychotherapy
McLean Hospital
and
Associate Professor of Psychiatry
Harvard Medical School

Discussion by
Dr. Samuel Keith
Chief
NIMH Center for
Studies of Schizophrenia

Wednesday, October 20
10 a.m.—12 noon

Conference Room J
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

HRA and HSA Joined to Form . . . *YOU GUESSED IT — HRSA*

Dr. Edward Brandt, Jr., Assistant Secretary for Health, has announced formation of the Health Resources and Services Administration, a new agency of the Public Health Service.

"The new agency will provide leadership and direction for programs to ensure direct health services for certain population groups and to develop the resources necessary for the health care system of the future," Brandt said.

Dr. Robert Graham, who has been serving as Acting Administrator of the former Health Resources Administration (HRA), will be Administrator of the new agency. The Deputy Administrator will be John Kelso, Acting Administrator of the former Health Services Administration (HSA).

The Health Resources and Services Administration consolidates the following PHS programs into four bureaus:

- *Indian Health Service*, which transfers from HSA with no change in organization and functions. It will continue to ensure a comprehensive health services delivery system for American Indians and Alaskan Natives.
- *Bureau of Health Maintenance Organizations and Resource Development*, which consolidates the Office of Health Maintenance Organizations from the Office of the Assistant Secretary for Health, and HRA's Bureau of Health Planning and Bureau of Health Facilities.
- *Bureau of Health Professions*, which will provide leadership in coordinating, evaluating, and supporting the development and utilization of the Nation's health personnel.
- *Bureau of Health Care Delivery and Assistance*, which combines programs from HSA's Bureau of Community Health Services, Bureau of Medical Services, and the National Health Service Corps (including scholarships) now administered by the Bureau of Health Personnel Development and Service.

The bureau will serve as national focus for efforts to ensure the availability and delivery of health care services in medically underserved areas and to special service populations.

Headquarters for the new agency is Room 14-05, 5600 Fishers Lane, Rockville, MD 20857, telephone (301) 443-2216.

Scenes from an NIAAA "Great Refusal" ad: (Left) Rhett Butler: "Another toast, Scarlett?" (Right) Scarlett O'Hara: "Frankly, Rhett . . . I decline."

NIAAA MEDIA CAMPAIGN IN FULL SWING; STATE AND LOCAL GROUPS PLAY KEY ROLE

NIAAA's new media campaign, aimed at educating women and youth about alcohol problems they face, more than paid for itself in its first 6 months. Between January and June, some $2.5 million in free broadcast time was donated; NIAAA's cost for the campaign was $2.1 million, including an evaluation contract.

In that 6 months, the public service television "spots" were shown more than 4,500 times on State, local, and national networks.

The NIAAA "spots" were used in 95 percent of major TV markets in the United States—a potential viewing audience of more than 157 million.

Approximately 75 percent of the "spots" have been shown in time periods considered most appropriate for reaching their specific target audiences. Ten percent were seen during prime-time evening hours.

Success of the campaign has relied in large part on the work of State and local alcohol agencies, which have encouraged television stations to use the public service announcements.

State and local groups also have undertaken an array of other approaches to spreading the campaign messages. One State has placed alcohol abuse prevention messages on baseball scoreboards, blimps, taxis, and billboards. Other States have developed bumper stickers, bookmarks, calendars, public transportation advertisements, library displays, health fair exhibits, and shopping mall displays, and arranged radio and TV interviews, among other activities.

NIAAA Issues Reports On Health Insurance

Two new reports based on ADAMHA studies have been issued on health insurance coverage for alcoholism treatment services.

One is a report produced by NIAAA on various State health insurance laws as they affect benefits for alcoholism treatment.

The other is a Blue Cross/Blue Shield of Greater Philadelphia report on the utilization of health services by 311,000 employees and their dependents in 37 firms participating in a demonstration project supported by NIDA and NIAAA.

NIAAA reports that as of Sept. 30, 1981, 33 States had laws regulating insurance coverage of alcoholism. Of these, 17 States included mandatory coverage, while another 16 required health insurance carriers to make such coverage available on an optional basis. Five of the 33 States required some combination of mandatory and optional coverage. Eighteen of the State statutes applied to health maintenance organizations.

Legislative alternatives that States may wish to consider in the future are also presented and discussed in the report. For a single copy of *Status of Legislation and Research on Health Insurance Coverage for Alcoholism Treatment*, write to the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852.

The Blue Cross/Blue Shield report, *Joint Health Cost Containment Program: Hospitalization Report*, documents the changes in utilization of health services by 311,000 employees and their dependents from 37 participating firms in Pennsylvania, New Jersey, and Delaware, whose combined expenditures for hospital care in 1980 totaled $76 million.

The study found that the employees utilized 3 percent of their hospital days in 1980 for alcohol and drug abuse treatment. Hospital days used for alcoholism treatment amounted to 18.7 per 1,000 subscribers. The average length of stay for alcoholism in 1980 was 14.3 days, and the average allowable charge per admission was $1,696.

In addition, the average stay for alcohol and drug abusers with hospitalization for other illnesses was 9.5 days as compared with 6.4 days for the rest of the subscriber population. Seventy percent of the other illnesses were related to or caused by their addictions, according to the report.

Blue Cross of Greater Philadelphia is one of three Blue Cross Plans participating in a demonstration project to develop and market comprehensive alcoholism and drug abuse treatment benefits to their subscribers.

For futher information, contact Leonard Davis, Senior Director, Quality Assurance, Blue Cross of Greater Philadelphia, 1333 Chestnut St., Philadelphia, PA 19101.

PREVENTION *from page 1*

truly terrible it is.

"No spouse who has seen a husband or wife suffer can ever doubt the cost of drug or alcohol abuse. Neither can a worker who has seen a colleague lose his effectiveness. Nor can a parent who has experienced tragedy at the hands of a drunk driver," the Secretary said.

"But what of the millions who have yet to know personally of the human suffering of drug and alcohol abuse? Must they wait until it's too late, until it happens to them or their loved ones?"

His answer was clearly no. "We can start by learning the facts" through research, Schweiker said. "Then we can educate and warn our people loud and clear.

"To take one special example, we can tell them that drinking problems are gripping many of our young people," he noted. Behind the statistics on alcohol and drug problems among youth "lie stories of heartbreak, wasted talent, lost potentials, and, too often, tragedy," he said.

To help deal with this problem, Schweiker revealed that he would soon announce a new teenage alcohol initiative. While no details were spelled out, at least one focus—prevention of drinking-related accidents—was implied. (See story, p. 1)

"No spouse who has seen a husband or wife suffer can ever doubt the cost of alcohol or drug abuse."

"Children are our most precious resource. Yet, even in a nation where parents willingly sacrifice to feed, clothe, and educate their children, the grim fact is that 8,000 teens and young adults die in drinking-related accidents every year. Another 40,000 suffer injuries. No human loss is more tragic than young life, rich with promise, cut short. The killing must be stopped, and we're the ones who have to stop it," the Secretary said.

He gave the parents' movement high marks for acting against alcohol and drug problems, and lauded First Lady Nancy Reagan for calling national attention to local drug abuse initiatives.

"We have strong allies in the grassroots organizations of parents and other citizens which have formed around the Nation in recent years," Schweiker pointed out. "These groups represent the very best in the American tradition of self-reliance. Traditionally, when an American community faced an outside danger, its citizens banded together for protection. Today, the danger of drug and alcohol abuse lies *within* our communities. That's where much of the protection must come from."

But, "even with the new emphasis on community action," the Secretary said, "the need for national public education remains. We'll do our part at HHS. Our public service ad campaign will continue."

He asked the audience in turn to "mold the attitudes in your communities. You're the ones who can create an environment for action."

William Mayer, Richard Schweiker, and ADPA President Kay Hardin. (Photo by Eric Scharf/ADPA)

"Nothing is more important to me than the fight against alcohol and drug abuse . . . Together . . . we'll win this battle."

The Secretary praised ADPA's role to date in combating alcohol and drug problems. "By bringing together the best thinking in this area, ADPA has been of tremendous value in keeping the momentum going . . . Because of your efforts, we know that prospects for the next 10 years are better than they were 10 years ago.

"Nothing at HHS is more important to me than the fight against alcohol and drug abuse," the Secretary stated in concluding his remarks. "Together—government, parents, and professionals—we'll fight and win this battle."

—James Helsing, ADAMHA

GIFT FUND FOR PSYCHIATRIC NURSING ESTABLISHED AT ST. ELIZABETHS

A Psychiatric Nursing Research Gift Fund established at Saint Elizabeths Hospital will benefit from unsolicited donations given by Pro Scientia, Inc., a producer of continuing education programs for psychiatric nurses.

Anthony Nicastro of Pro Scientia contacted NIMH several months ago with the news that the Board of Directors of his organization wished to contribute $1.00 from each subscriber's fee to support psychiatric nursing research.

Expected to range from $500 to $1,000 annually, the donation was accepted for the Fund by Dr. Vallory Lathrop, Saint Elizabeths' Deputy Director for Nursing.

Two-thirds of the Fund will be used to support research proposals deemed worthy by the Hospital's Nursing Research Review Board, said Lathrop.

The remaining one-third will provide for an annual Psychiatric Nursing Research Symposium; it will feature recognized psychiatric nurse researchers and serve as a platform for dissemination of information gained from supported research programs. Papers given at the symposium will be published for distribution to the field.

Another recent unsolicited donation of $200 was received from the National Association of Forensic Psychiatric Nurses to be earmarked for forensic psychiatric nursing studies, Lathrop reported.

In addition to donations from organizations, private citizens also contribute to mental health research through NIMH. Most recently, an Oklahoma woman called to say she believed in planning ahead and was, therefore, leaving money for mental health research in her will. She also informed NIMH that she would ask that donations in her memory be directed to the Institute for research.

—Marilyn Sargent, NIMH

SUPERINTENDENT OF ST. E's RECEIVES AWARD FROM CITIZENS ASSOCIATION

Dr. William Dobbs, Superintendent of Saint Elizabeths Hospital, recently received a Distinguished Service Award from the Area D Community Mental Health Center Citizens Association of the District of Columbia.

The Hospital developed a close relationship with the Area D community through its operation of the CMHC, which it opened in 1969. The citizens' association presented the award to Dobbs at its annual meeting, citing his responsibility for delivery of mental health services, his part in regaining Hospital accreditation, and the renewed respect with which the Hospital is regarded.

Dr. William Dobbs receives a Distinguished Service Award from Aletha Campbell of the Area D Community Mental Health Center Citizens Association.

SEMINARS HELD FOR MINORITY BIOMEDICAL RESEARCHERS

Two mental health Grantsmanship Training Seminars for biomedical researchers were held recently at the University of New Mexico in Albuquerque, N.M., and at NIH in Bethesda, Md.

The seminars were sponsored by the Division of Extramural Research Programs (DERP), Minority Biomedical Research Support (MBRS) Program, and coordinated by Dr. Vernon Avila, special consultant to DERP for minority biomedical scientist efforts and formerly a Health Scientist Administrator with the MBRS Program.

The seminars' objectives were to provide participants with grantsmanship techniques and shared experiences to enhance their ability to write successful research grant proposals, understand the grant review process, and develop a communications network with key NIMH staff and other research investigators for grantsmanship counseling and assistance in developing applications for research grants.

At each seminar, a mock site visit was staged to help the researchers create fundable research proposals, avoid common research proposal writing errors, prepare for site visits, develop supplemental grant proposals, understand the present budget limitations of NIMH relative to extramural research funding, and learn about alternative methods of funding through the NIMH/MBRS interagency agreement.

Speaking at the seminar at NIH, NIMH Director Herbert Pardes reviewed the NIMH/MBRS Interagency Agreement. He noted that NIMH is the only non-NIH Institute currently participating in the MBRS Program which was launched in 1979 with support from the Institute Director's reserve fund.

At that time, according to Pardes, NIMH allocated about $280,000 for five MBRS projects. In FY 1982, it allocated $900,000 for 17 MBRS projects.

Although the Institute's research grant program suffered severe dollar cuts in FY 1982, the NIMH/MBRS program survived, Pardes noted. Therefore, the NIMH emphasis on the development of minority researchers around the country continues, he said.

The NIMH Director believes that the MBRS Program is important, "not only because we feel that minorities should be in research, but because we also feel that there are an inadequate number of minority academics within the academic enterprises generally, and those people who are research leaders often become leaders of broad academic departments and become the role models and the stimulus for bringing people into the clinical mental health field, as well as the mental health research field."

Dr. Louis Wienckowski, Director, Division of Extramural Research Programs, told the Bethesda group that the Institute is currently interested in receiving research grant proposals in such areas as health beliefs behavior, clinical psychopathology, learning disabilities, early emotional development in children, multi-modality treatment of the major mental illnesses, and innovative ways of dealing with psychotropic drugs and their after-effects.

The approval rate of research grant applications during FY 1982 is 62 percent, and 23 percent of those are actually funded, Wienckowski said. He suggested that prospective grantees might enhance their chances of approval by making use of all resources available to them, exchanging information and ideas, and establishing contact with appropriate NIMH/MBRS staff. He cautioned, however, that staff contact does not guarantee approval, although such contact would be useful.

Dr. Sidney McNairy, Jr., Executive Secretary, MBRS, Division of Research Resources, NIH, summarized the MBRS/NIMH interagency agreement review process, research grant application review process, and supplemental proposal review process.

> ***". . . the MBRS Program is important not only because we feel that minorities should be in research, but because we also feel that there are an adequate number of minority academics within the academic enterprises generally . . ."***

He noted that the interagency agreement with NIMH and other NIH Institutes has added $6 million more to the current $25 million Division of Research Resources (DRR) budget for MBRS Programs.

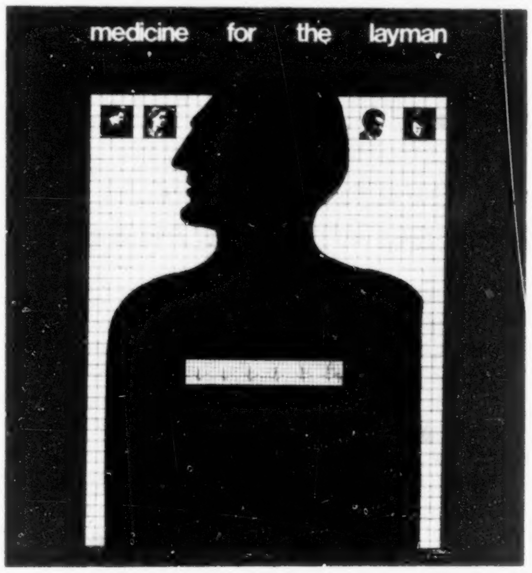
"The MBRS program should be perceived as a revolving door to larger pools of money. Therefore, other sources of funding should be explored," he held.

McNairy stressed the importance of submitting complete grant applications on a timely basis. With the large number of grant applications processed by DRG and DRR, he told the group, late and incomplete applications, and requests to add or delete certain information create mammoth problems for the reviewers.

At the Albuquerque seminar, Marion Primas, NIMH/MBRS Program Director, cited examples for attendees of research projects currently funded by DERP. Among these, the Division's Neurosciences Branch is supporting a project on the effect of CNS lesions on drug action; the Pharmacology and Somatic Treatment Branch is supporting a study of a panic disorder in human subjects; the Behavnesses; and the Psychosocial Treatment ing a project studying the relationship between married couples before and after the birth of their first child; the Clinical Research Branch is studying the relationship of the endocrine system to major depressive illnesses; and and the Psychosocial Treatment Research Branch supports a project dealing with the effectiveness of time-limited dynamic psychotherapy.

Dr. Louis Wienckowski

—William Herndon, NIMH



MEDICINE FOR THE LAYMAN

This series of lectures by NIH physicians on the human body—in health and disease—takes place on Tuesday evenings from 8 to 9 p.m. in the Masur Auditorium at the NIH Clinical Center.

The remaining schedule is as follows:

- Research With People:
  Problems and Ethics
  October 12
- New Tools for Medicine:
  Cell Factories for Antibodies
  October 19
- Male Infertility
  October 26
  (November 2 - No Lecture)
- From Slender to Starving:
  Anorexia Nervosa
  November 9
- Lung Cancer
  November 16

For information, call 496-2563.

NIDA PROVIDES TECHNICAL ADVICE TO MILITARY ON DRUG SCREENING

After a 1980 survey on drug abuse in the military found that 10 percent of junior enlisted men (E1-E5 ranks) reported being "high" on duty at least 40 days a year, the Department of Defense (DOD), with technical assistance from NIDA, began a program to develop more reliable methods of detecting marijuana use, focusing on urinalysis tests.

"Drug screening tests are not new in the military, but urinalysis for detection of marijuana use is," Dr. Richard Hawks, NIDA staff expert on drug screening, points out.

Nearly 2 years ago, two companies marketed new urinalysis screening systems. Based on immunoassays, both methods can detect traces of drug metabolites in the urine for up to 2 weeks after a person has used marijuana.

Another analytical method called gas chromatography is required to confirm the test results, however. According to Michael Walsh, NIDA research psychologist, military drug screening programs place great emphasis on reliable confirmations of positive results.

"If the confirmation is positive, certain actions, up to dishonorable discharge, may be taken," Hawks says.

NIDA is offering technical advice to DOD to avoid potential methodological problems in implementing a large-scale screening program. Much of NIDA's effort involves trying to find alternate confirmation methods which are more economical and reliable for large-scale screening and take less time than present methods. "You have to have a good confirmation method when you have a system set up which must deal with a large number of samples," says Hawks.

NIDA also is assisting DOD with the issue of quality control to ensure reliable test results. In May 1982, NIDA brought in outside experts in the fields of forensic urinalysis and quality control, as well as representatives of firms which have developed screening tests, to meet with Pentagon officials and military personnel responsible for setting up and running the drug screening programs. "This meeting was an important first step," Hawks notes, "because it was the first time the Department of Defense and NIDA established a broad open forum for collaborative efforts in this area."

In addition, NIDA is planning a research study to determine how long each analytical method currently used, along with the gas chromatography system, can detect marijuana use in urine samples. The Institute also is assisting DOD by analyzing a small number of known positive samples with highly sensitive and specific methods to provide further information on the reliability of present military screening techniques.

—Lenore Gelb, NIDA

INNOVATIVE CLINICAL NURSING COURSE DESIGN WINS AWARD FOR NIMH GRANTEE

An NIMH grantee who is conducting a major preventive intervention study with infants has won the American Nurses' Association's Jessie M. Scott Award for her pioneering use of videotape and satellite communications to disseminate new and improved nursing techniques.

Dr. Kathryn Barnard, University of Washington, Seattle, earned the award for her Nursing Child Satellite Training (NCAST) program which has been beamed to 31 cities reaching 2,000 nurse educators and practitioners.

The Jessie M. Scott Award was established in 1979 to honor the former Assistant Surgeon General and Director of Nursing, Health Resources Administration. The award is presented biennially to a registered nurse whose professional contributions demonstrate the interdependence of nursing education, practice, and research, and their impact on the improvement of nursing and health care.

The NCAST series provides nurses with a set of assessment tools for identifying actual or potential health problems in infants and children. In developing the tools, Barnard and her colleagues at the University of Washington considered such elements as parental attitudes toward childrearing, the value of parents as child assessors, and the adaptability of the assessment tools to the health care system, that is, the tools' conformity to nursing practice and their practicality when resources are scarce.

Nurses participating in the satellite-communicated series learn evaluation techniques which incorporate the child's physical health, motor and mental development, perinatal risk factors, and environmental factors.

In a new project funded by the NIMH Prevention Research Program beginning in February 1982, Barnard and her colleagues are developing a clinical nursing model for preventive intervention with high-risk infants and their families. The study will use specially trained nurse home visitors to achieve primary prevention of socio-emotional disturbances, developmental delay, and attachment difficulties in families at multiple risks.

Barnard's early career encompassed pediatric nursing, maternal and child nursing, and nurse training projects with mentally retarded and handicapped children.

Since 1970, acting on the premise that quiet sleep in the immature infant can improve neurological development, Barnard has directed a study using artificial stimulation to modify sleep patterns of premature infants. She has designed a rocker bed that moves horizontally to provide kinesthetic stimulation. The infants also receive auditory stimulation from a heartbeat sound transmitted through a speaker located in the rocker bed. Barnard reports that infants in the study have shown healthy weight gain and increased alertness to their environment.

Dr. Kathryn Barnard

Barnard has undertaken numerous other research projects related to child assessment, intervention, and prediction. She is author or co-author of more than 40 books and articles and is a member of the editorial board of the *American Journal of Maternal-Child Nursing*. She received the Lucille Petry Leone Award of the National League for Nursing in 1969 and was elected to the American Academy of Nursing in 1975.

—Myrle Kahn, NIMH

Carrick Heads ADAMH Programs in Region IV

Robert Carrick has been appointed Director of Alcohol, Drug Abuse, and Mental Health programs for Region IV, according to a recent joint announcement by ADAMHA Administrator William Mayer and Region IV Health Administrator G.A. Reich.

Carrick, a U.S. Public Health Service Commissioned Corps Officer, will be responsible for coordinating the Region's ADAMH activities and will serve as the principal advisor to the Regional Health Administrator on mental health and alcohol and drug abuse matters.

Named Region IV ADAMH Deputy Director in 1978, Carrick has held various positions in the Region since 1972. From 1967 to 1972, he was a program specialist in the drug program of NIMH.

Eleanor Friedenberg Named Deputy Director of NIMH Division

Eleanor Friedenberg has been named Deputy Director of the NIMH Division of Mental Health Programs.

Friedenberg, who has been acting in the position since July 1981, holds a master's degree in psychiatric nursing from the University of California.

As Deputy Director, she will help coordinate and direct the activities of several Centers of the Division: the Center for Studies of Mental Health of the Aging, the Center for Studies of Crime and Delinquency, the National Center for the Prevention and Control of Rape, the Center for Minority Group Mental Health Programs, and the Disaster Assistance and Emergency Mental Health Section.

Prior to her current assignment, Friedenberg was in charge of clinical training for the Center for Studies of Mental Health of the Aging.

Eleanor Friedenburg

HIGH SCHOOL STUDENTS THE FOCUS:

MOULTON RECEIVES THE ADAMHA PUBLIC SERVICE AWARD

The hospital emergency room was crowded. As Otto Moulton looked around, he was puzzled by the sight of several boys who appeared to be in a stupor.

"What's the matter with these kids?" he asked a doctor. "They look very sick."

"Mr. Moulton, we can fix your son's injured shoulder," the physician replied. "I wish it were as easy to fix what is wrong with the others."

This experience haunted Moulton. From that day on, he became more and more aware that young people all around him were abusing drugs.

A little league coach and the owner of a machine shop in Topsfield, Mass., Moulton reports that "I began to see children I was working with changing, becoming apathetic both to athletics and school. At the same time, I began to recognize the same kind of changes taking place in some of my employees."

> *"What's the matter with these kids ? They look very sick."*

This awareness launched Moulton's 5-year battle against drug abuse—an endeavor which last month won him the ADAMHA Public Service Award.

Moulton is the first individual to receive the award, which was presented to him by ADAMHA Administrator William Mayer at a ceremony in the Senate TV gallery hosted by Senator Gordon Humphrey (N.H.), Chairman of the Subcommittee on Alcoholism and Drug Abuse of the Senate Committee on Labor and Human Resources.

In the past, the award has been given to groups of volunteers, voluntary organizations, community groups, and the media for significant public service in the areas of drug and alcohol abuse and understanding of mental health problems.

Mayer praised Moulton for his exceptional dedication and commitment. "We honor the contributions Mr. Moulton has made to his community and to the parents' movement against drug abuse," Mayer said. "Volunteers are our greatest resource in fighting this problem."

Humphrey, who nominated Moulton for the ADAMHA award, stated, "I have come across many citizens deserving commendation for their volunteer work. But Mr. Moulton, in my opinion, deserved special recognition."

Moulton, now an officer of the National Federation of Parents for Drug Free Youth (NFP), recalled that he began his fight against drug abuse by boning up on information about the drug problem. "If people know more about the hazards of drug use, a lot of the problems would be solved," he declared. "How can somebody fight against something they don't know anything about?"

Moulton assumed the task of spreading the knowledge he had gained to other parents and school officials, and to as many young people as he could reach. He started a grass roots organization called the "Committees of Correspondence," which have spearheaded letter-writing campaigns and disseminated information widely on drug and alcohol abuse.

Armed with facts, with piles of literature, with T-shirts, bumper stickers and films, Moulton and his wife Connie are on the road constantly, he said, speaking to community groups, in schools, and at conferences all over the country.

—Wilbur Pinder, ADAMHA

"HERNDON HIGH" HAS MODEL MENTAL HEALTH PROGRAMS

A model program for providing mental health services to teenagers in their high schools was spotlighted this summer at a special "Mental Health Day" at Herndon (Va.) High School.

ADAMHA and other Federal officials, representatives of community agencies, and a consultant from Virginia Polytechnic Institute were among those who attended the day-long program. They learned how the Herndon model was developed as a research demonstration project begun in 1978 by school administrators and the NIMH Mental Health Study Center in Adelphi, Md.

The educators and NIMH staff started their collaboration by assessing the students' service needs. Based on their findings, they formulated a 4-year plan for establishing a range of school-based mental health services and activities. These were featured throughout "Mental Health Day" in presentations mostly conducted by the students themselves.

In one session, a foreign student who spoke no English when he arrived at Herndon last September told the visitors how he had benefited from "Project FRIEND/LINK," an after-school club for isolated and alienated youth.

In a family communications workshop, students illustrated the dynamics of various family interpersonal situations. Later, Herndon staff reported on the school's successes with a career education program for students and training seminars on prevention and case management for counselors.

"The increasing problems and stresses which adolescents encounter suggest that mental health services are a vital and essential part of school programming," says Joan Houghton, NIMH's consultant to the Herndon project. "With no additional resources, Herndon High School has developed a number of model programs and services which we hope to demonstrate to other schools across the Nation."

According to Houghton, NIMH currently is considering ways to package and distribute to other schools the models developed at Herndon.

MANAGEMENT

from page 1

agement approach as reinforcing his viewpoint that responsibilities and obligations of the Institutes and OA can be mutually supportive and integrated.

"Nevertheless," Mayer pointed out, "under the lead Institute approach I am establishing, the integrity of individual Institute programs will be maintained. Each Institute continues to have its usual responsibilities for planning and developing its own programs, as well as for managing its budget and personnel.

> ***"Prevention programs focused on children and adolescents provide especially compelling reasons for collaboration."***

"The value of the new mechanism is that it will allow the agency to realize more progress in specific important areas by consolidating our efforts, and maximize results from the resources we currently have to invest."

The OA Office of Program Planning and Coordination will provide whatever support staff is needed for implementing the lead responsibilities.

Referring to Durell's assignment, Mayer said, "the generic nature of much ADM disorder prevention and health promotion requires strong coordination and collaboration, and offers an excellent opportunity for all of us to work together.

"It has been repeatedly emphasized that the ADM prevention field suffers from lack of sufficiently strong collaboration among the three Institutes," he continued. "It is thus particularly important that we strengthen the agency's capacity to coordinate prevention activities and to develop and manage collaborative programs."

As the agency's new prevention leader, Durell has set forth several objectives and principles on which he will act for the Administrator in leading and coordinating agency-wide prevention pursuits:

- Disease prevention and health promotion, though more difficult to plan and assess than research or treatment, are nevertheless of the highest priority; more emphasis and resources should be devoted to them.
- The rationale for collaboration and coordination among ADAMHA Institutes is stronger in health promotion and disease prevention than in almost any other area. Failure to collaborate, therefore, is unnecessarily wasteful, whether the programs are directed toward specific age groups or populations, or specific organizations or institutions.
- In the ADM areas, prevention programs focused on children and adolescents are especially critical and provide compelling reasons for collaboration.
- Research on family life skills training, and other programs designed to strengthen the family's capacity to facilitate adaptive behavior, offers potential for major ADM preventive impact. Research on the efficacy and specificity of these approaches should be a major ADAMHA initiative.

In coordinating child and youth activities, Fishman also will convene inter-Institute seminars and conferences for information exchange. Annual surveys of child and youth activities will be conducted to collect and disseminate information on accomplishments on behalf of the young.

Fishman and Durell will be called upon to work closely together in carrying out their "lead" responsibilities, Mayer said.

"Prevention programs focused on children and adolescents provide especially compelling reasons for collaboration," he stated. "A number of agency staff with expertise regarding children and youth are in a position to contribute to prevention. One of our goals is to enhance the contributions of all such people.

—James Helsing, ADAMHA

Staff News

Photo Exhibit Culminates Course

A corridor outside the NIMH Laboratory of Cerebral Metalbolism (LCM) was transformed into a photo gallery one afternoon this summer. On display were portraits, still-lifes, and landscapes shot, developed and printed entirely by five LCM staffers on their own time and with their own materials. The exhibition culminated an intensive course in black-and-white photography taught by J.D. Brown, who does the lab's scientific darkroom work. Pictured above, left to right are: Brown, Dr. Massako Kutyna, Dr. Malin Ingvar, Dr. Diana Dow-Edwards, Gabriela Orzi, and Dr. Francesco Orzi.

St. E's to Hold "Scientific Day" October 7th

The Medical Society of Saint Elizabeths Hospital invites the public to attend its annual Scientific Day program October 7 in Hitchcock Hall.

The topic of this year's program is "Saint Elizabeths Then and Now: Dinosaur or Dynamo?" It will celebrate the history, professions, people, innovations, and issues that made Saint Elizabeths a psychiatric landmark for one and a quarter centuries.

The morning program will feature presentations on Ezra Pound's stay as an inpatient at the hospital and discussions of current staff research. The afternoon session will feature an address on "The Role of the Mental Hospital Then and Now," by Dr. John Nemiah, editor of the *American Journal of Psychiatry*, and a presentation by Dr. Roger Peele, Overholser Division of Training.

Other speakers will provide outsiders' views of Saint Elizabeths, describe therapeutic advances at the Hospital, and demonstrate innovative therapies.

The program begins at 9 a.m. There is no fee, and registration is not required. Luncheon arrangements may be made by calling Dr. Joseph Jurand, 574-7114.

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

STUDIES SHOW:

Good Self-Image Helps Teens Resist Drug Abuse

Initial results of NIDA-funded research indicate that adolescents who are aided in developing social and decisionmaking skills, and good communication with their parents, teachers, and peers, are less likely to abuse drugs than other adolescents.

These preliminary findings were presented in August at the annual meeting of the American Psychological Association in a panel discussion of "Preventive Interventions and Adolescent Drug Abuse: Research Issues/Case Studies."

"If we can help children develop the ability to deal effectively with their peers, to maintain open communication with their families, to feel self-competent in problem situations, and to learn how and when to say 'no'," said Dr. Thomas Glynn, NIDA psychologist and panel chairperson, "then we are helping to shape an environment in which these children are less prone to abuse drugs."

Panelists reported using similar methods in a variety of research projects aimed at preventing adolescent drug abuse. Their techniques have included: teaching decisionmaking skills to foster independent thinking; developing social skills, (e.g., assertiveness training); role-playing common problem situations; and training in basic life skills to build confidence.

See TEENS (P. 4, Col. 1)

U.S. Department of Health and Human Services
October 15, 1982
Vol. VIII
No. 19

Brandt Briefs Congress On Fetal Alcohol Syndrome

"Because a safe level of alcohol intake has not been established for the pregnant woman, we advise women who are pregnant or considering pregnancy not to drink alcoholic beverages."

In response to Congressional concern over the incidence of fetal alcohol syndrome, Assistant Secretary for Health Edward Brandt gave this testimony September 21 before the Senate Subcommittee on Alcoholism and Drug Abuse (Committee on Labor and Human Resources.)

Throughout his statement, Brandt emphasized that "compelling" scientific data about the dangers of prenatal alcohol use—even at minimum levels and even near the time of conception—is disturbing.

Brandt was accompanied to Capitol Hill by ADAMHA Administrator William Mayer, who fielded questions from the Senators on such issues as a proposal for mandatory warning labels on alcoholic beverage containers to inform women about the threat of fetal alcohol syndrome.

The following excerpts from Brandt's statement to Congress review the effects of drinking during pregnancy and the "efforts we are making to inform the public . . . about these risks."

See BRANDT (P. 2, Col. 3)

Q&A

Pardes Discusses NIMH Changes, Directions, Priorities

Q: Budgetary constraints have brought about major changes in the role and resources of the Federal Government. How have these specifically affected NIMH?

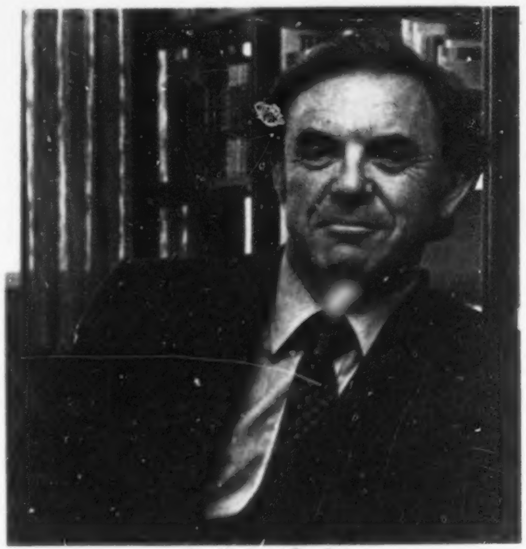
A: There are extensive changes in our institutional makeup and role. As an organizational entity, we have experienced close to a 60-percent reduction in personnel. Before the RIF, we had 690 full-time permanent employees at headquarters and the regions. We now have 313 people and expect to lose about 10 more as we continue to make program changes.

Q: What are the program changes?

A: Probably the most far-reaching program change to date results from the block grant legislation which mandates that community mental health programs receive funding from their States rather than from NIMH. Although we will no longer provide direct support for services, we will maintain working relationships with States and localities by fulfilling their requests for professional consultation on service delivery issues.

Q: Has there been an impact on training and research programs as well?

A: Yes, but not to the same extent. In the area of training, it is not yet clear whether we will continue to support clinical training. Congress and the Administration still are debating the issue. We are continuing our efforts to attract more clinical investigators to the field, and particularly to increase minority participation. We also are interested in encouraging epidemiological researchers and pre- and postdoctoral behavioral scientists.



Dr. Herbert Pardes

A: How about research? How has that been affected?

A: Support for social research that does not have a demonstrated relationship to mental health has been eliminated. This is not to say that social scientists are not being funded. We continue to support quality

See PARDES (P. 2, Col. 1)

HE 20.8013:

PARDES *from page 1*

research across all the disciplines and in a multitude of areas that have direct mental health concern.

We've increased support for neuroscientific, clinical, epidemiological, and prevention studies. We also are exploring opportunities for new research on behavior as it affects health.

Q: Speaking of new research directions, are there any research areas you find particularly exciting?

A: That's a tough question because there are so many. In fact, let me answer that question by referring you to a publication we are planning—one that will attempt to survey the last 10 years of mental health research. This is a challenging undertaking considering the virtual explosion of findings and new technology.

Work in the neurosciences alone could fill a volume. For example, there are a host of biobehavioral studies on the underlying neurobiology of such functions as sleep, movement, sensory and emotional experience, memory, cognition, and learning. New technological approaches to the brain, such as receptor mapping, brain transplants, and PET scanner studies, are adding new dimensions to our understanding of brain function and human behavior.

Then there are clinical studies that have led to refined diagnostic and laboratory tests and major progress in our treatment of affective disorders. I think anyone who looks at the past 10 years will agree that we are involved in one of the most exciting research endeavors imaginable.

The door to the brain has been opened, and we are on the threshold of a new world—the inner world of the mind. With continued research, neural pathways will be traced, the complexities of the brain and its relationships to specific functions will be elucidated, specific defects will be related to specific disorders, and we will learn more about which treatments are best for which patients under which conditions.

I have no doubt that today's research will pay dividends in reduced suffering and costs.

Q: Concerning costs and fiscal conservatism, can America afford mental health care?

A: I think the more pertinent question is: can American afford *not* to provide mental health care?

A number of studies indicate that the timely introduction of mental health services can be cost effective, reducing general health care costs. For example, hospitalized patients who receive visits from mental health experts spend fewer days in the hospital than those who do not—a substantial savings right there.

Also, a number of studies show that individuals with emotional problems are heavy users of the general health care sector and that their use of health facilities drops when they are referred to mental health experts.

The link between physical and emotional problems cannot be denied; untreated stress often leads to physical problems, and physical problems cause stress in turn. In the long run, reductions in mental health care could become extremely costly in terms of both direct health costs and indirect costs due to lost work days.

Individuals in the mental health field must help Americans become aware of these findings so that an informed and articulate public can provide guidance to policymakers.

Q: How can the public be made aware of research findings?

A: People in the mental health field need to take a proactive stance in reaching the public through the media, with particular emphasis on providing accurate and understandable information. For example, recent meetings that I and other NIMH staff had with science writers for the *Washington Post* and the *New York Times* resulted in excellent articles on neuroscientific studies.

Stories such as these will receive wider dissemination as they are picked up by other media. We know, for instance, that stories published in *ADAMHA News* often stimulate interest in other media.

Q: The media have a role in this?

A: Yes. We are told by science writers and others that they want information. They wish to be informed of new research findings, scientific meetings, and the latest in clinical care.

We also know that the public wants and needs information. We get thousands of requests for information from the public every year. A letter I wrote to Ann Landers about our publication on depression resulted in a deluge of requests.

The need for information is there, and we in the mental health field have the responsibility of establishing appropriate communication channels to meet that need.

—Marilyn Sargent, NIMH

BRANDT *from page 1*

"Over the last decade, there have been many studies of the effects of alcohol consumption during pregnancy. These studies have been conducted in both animal and human populations, both prospectively and retrospectively—and their findings are clear and compelling. Alcohol consumption during pregnancy poses a significant risk for the unborn child—with consequences including increased spontaneous abortions, decreased birth weight, major and minor birth defects, and mental retardation.

"Some of these effects occur in children whose mothers, during pregnancy, consumed alcohol in amounts consistent with a diagnosis of alcoholism. Some occur in children whose mothers drank moderately. But I want to make it very clear that we are not describing rare or isolated events.

Dr. Edward Brandt

"In the United States, the incidence of the fetal alcohol syndrome—a specific cluster of severe and irreversible abnormalities—is *conservatively* estimated at 1,500 to 2,000 births a year. The incidence of a broad range of other adverse alcohol-related outcomes is as much as 20 times as high, affecting an estimated 30,000 pregnancies each year. And all of it is completely preventable."

* * *

"At the extreme end of the continuum of risk are children born with the specific cluster of abnormalities which has been named the fetal alcohol syndrome (FAS). Its most consistent features are: mental impairment, small head circumference, pre- and postnatal growth deficiency, irregularities of the head and face, and defects of such organs as the heart and of the renal, genital, and skeletal systems.

"It appears clear that the incidence of FAS in the United States is similar in magnitude to Down's syndrome, spina bifida, and cytomegalovirus; together, these constitute the leading known causes of birth defects with mental impairment. Of these, FAS is uniquely preventable."

See BRANDT (P. 3, Col. 1)

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-William Mayer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs   ADAMHA Office of Communications and Public Affairs

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New Theories and Use of Data Can Upgrade Women's MH Services

Societal attitudes toward women shape the mental health services society provides for women, and some mental health service systems have not changed appropriately in light of burgeoning new research knowledge about women.

These were the paramount themes of a recent NIMH Staff College course on *Mental Health Services for Women: Treatment and Prevention*. Presented this summer in collaboration with the NIMH Women's Advisory Group, it was the Institute's first training course to focus on women's issues in the mental health field.

Principal faculty for the course was Dr. Jean Baker Miller, Director of the Stone Center for Developmental Services and Studies, Wellesley College, and Clinical Professor of Psychiatry, Boston University School of Medicine. Miller traced the history and current status of mental health theory about women. She noted that certain Freudian beliefs—that women are naturally passive, narcissistic, and masochistic—have continued to influence the way women are treated in the mental health system.

However, she noted, within the past decade, there has been an increasing interest in mental health theory and research focused on women; this growing and often controversial body of scholarship has raised profound questions about the etiology, diagnosis, treatment, and prevention of mental health disorders in women. Newer theories of the psychology of women take into account the central importance of relationships in women's lives as well as their socialization for a subordinate role.

Dr. Delores Parron of the Institute of Medicine discussed the problem of depression among minority women who, she said, face "double jeopardy" being stereotyped both for their sex and their race. In trying to define herself as a "good woman," Parron noted, the minority woman frequently is confused about whether to follow models within her own culture or models within the majority culture. Whichever model of success she tries, she faces painful personal tradeoffs, Parron concluded.

In a session on violence toward women, Dr. Caroline Sparks, Director of Community Living for Women, Washington, D.C. addressed problems of rape, incest, and battering.

Pointing out that violence toward women is supported in certain societal structures, Sparks outlined strategies to identify and create new social norms, laws, and enforcement tactics to prevent such violence. She encouraged the creation of prevention and treatment services that "do not trade freedom for security" and are based upon these principles: respect for women as persons; women's control of their bodies; and decreased isolation, increased strength, stronger self-identity, and greater cooperation among women.

Dr. Jean Baker Miller

A systematic approach to the use of population data in planning services for women was outlined by Dr. Carolyn Swift of the Southwest Community Mental Health Center, Columbus, Ohio. Swift led the course participants through a step-by-step analysis of the Demographic Profile System developed by the NIMH Division of Biometry and Epidemiology, explaining how demographic data can indicate potential mental health service needs within a community and how women's service needs might be estimated using specific clusters of variables.

The course included audiovisual presentations, discussions, and group exercises. Dr. Harold Goldstein, Acting Director, Staff College, and Dr. Jacquolyn Hall, Chief, Mental Health Education Branch, served as course co-directors. Future offerings of the course will be announced by the Staff College and the NIMH Women's Advisory Group.

—Jacquelyn Hall, NIMH

BRANDT *from page 2*

"Alcohol consumption during pregnancy also increases the risk of complications during pregnancy and a broad range of other adverse éffects on the fetus. . . . These neonatal and maternal problems which occur as a consequence of alcohol misuse in pregnancy and are apart from the fetal alcohol syndrome, have been termed Fetal Alcohol Effects or Alcohol-Related Birth Defects. Some of these occur even at moderate levels of alcohol consumption. Research has provided some information on this subject, as well. For example:

- Women who average one ounce of absolute alcohol (two drinks) per day in the *prepregnancy* period deliver children who are an average 91 grams lighter than occasional drinkers and abstainers. With this level of alcohol consumption in late pregnancy, the weight decrement is 160 grams.
- Women who report drinking at the level of one to two drinks per day are at twofold higher risk for spontaneous abortions than women who are abstinent or occasional drinkers.
- Alcohol may have residual effects on women who were alcoholic but who abstain throughout pregnancy. One preliminary study has shown that children born to abstinent recovering alcoholic mothers, when abstinent less than 1 year, have significant decrements in intellectual developments when compared to children born to nonalcoholic mothers. This raises questions regarding consequences of long-term alcohol abuse and long-range effects on the female reproductive system."

> ***"Of the leading known causes of birth defects with mental impairment, fetal alcohol syndrome is uniquely preventable."***

* * *

"Our response to the knowledge we have gained over the last decade on the effects of alcohol consumption during pregnancy has consisted of (1) continued support of research, (2) heightened professional education, and (3) vigorous public education.

"NIAAA has supported research on the effects of alcohol on the fetus since 1972. Over the next decade, we awarded nearly $8 million for human and animal studies in this area.

"At present, the Institute is supporting ten fetal alcohol research projects totaling $1.1 million. Of this, $218,000 is being used for prospective studies of the development of children born to mothers who drink lightly or moderately during pregnancy. The remainder of current Institute funding in fetal alcohol research involves projects using animal models ($926,000.)

"As you know, Mr. Chairman, the President requested a 57-percent increase in FY 1983 or research carried out by NIAAA. If appropriated, some of these funds would be used to explore such questions as:

- the effects of binge drinking and the average effective threshold dose of alcohol for teratogenesis,
- the mechanisms underlying adverse effects of alcohol on offspring,
- the effects of perinatal alcohol exposure on the long-range development of children of mothers who drink moderately,
- the long-range development of children without fetal alcohol syndrome born to alcoholic mothers, and
- the development and validation of an instrument to provide greater reliability and accuracy in obtaining information on alcoholic beverage consumption.

"Our major public education initiatives include (1) a media campaign designed to educate the public about alcohol problems among women and youth, and (2) ongoing informational services provided through NIAAA's National Clearinghouse for Alcohol Information.

"We also are engaged in vigorous efforts to keep health care professionals abreast of the most recent knowledge regarding alcohol consumption during pregnancy."

TEENS *from page 1*

Since the use of cigarettes and alcohol often precedes the use of illicit drugs, four of the panelists—Drs. C. Anderson Johnson (University of Southern California), Gilbert Botvin (Cornell University), and Cheryl Perry and David Murray (University of Minnesota)—have targeted their preventive efforts toward limiting or curtailing cigarette use by preadolescents.

"Who gets the message [not to use drugs] across best?" is one question the researchers have grappled with. Although teachers and parents are considered important sources of information for teenagers, the use of positive peer pressure is a "consistently successful method," said Johnson.

For example, he has identified and trained slightly older, attractive, and articulate peer leaders to relay the message that drug use is not as prevalent as teens think. "Students overestimate the number of their peers who are smoking," emphasized Johnson. "The social pressures to smoke are significant."

Botvin has used both teachers and peers as "influence sources" to test who is most effective in delivering an anti-smoking message. When he used older peer leaders to conduct the life-skills training program, novice cigarette smoking was reduced by more than 50 percent.

Perry and Murray relied on similar techniques with various target groups. "You can't have just one program that will meet all needs," they pointed out. "The student's age, socioeconomic status, smoking experience, and available resources all make a difference."

Dr. Kelin Gersick, Yale University, and Dr. Mary Ann Pentz, University of Tennessee, have studied drug abuse in general among adolescents, instead of focusing on the so-called "gateway" substances, cigarettes and alcohol.

Gersick's aim has been to test a drug abuse prevention model that teaches decisionmaking skills and uses adult and peer social networks. He plans to follow sixth graders through adolescence and monitor their rates of drug abuse. "It will take years to fully explore whether and just how the skills [i.e. decision making] actually work in preventing more serious drug abuse," he said. His initial results suggest that teaching adolescents effective decisionmaking skills is indeed a positive prevention technique.

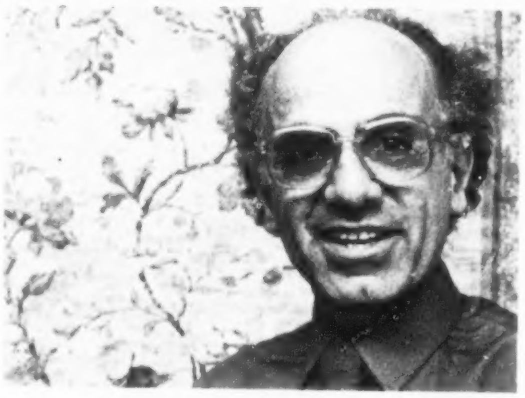
Pentz has implemented a social-skills training program that showed teachers how to promote assertiveness, open communication, and resistance to group pressure in students grades six through nine. After 1 year, she found that social skills had increased dramatically, while alcohol use had declined. Her research findings support the theory that "high social skills potentially lead to less drug use and delay drug use."

Glynn, along with Dr. Joel Moskowitz, The NAPA Project, Napa, Calif., emphasized that these research projects suggest that such prevention approaches may be successfully applied in different geographic regions and also for different types of health promotion efforts. The panel discussed how researchers from urban and rural areas in different locales have obtained similar results using well-designed research strategies and rigorous analytical methods. They agreed that the techniques may be used by other schools or similar institutions to achieve the same positive results.

Furthermore, Glynn pointed out, the same techniques can be used to prevent other types of substance abuse and other problem behaviors as well. As Perry and Murray noted, prevention research, with its potential for wide-ranging effects, ultimately aims "to identify those psychosocial factors involved in health-enhancing rather than health-comprising behavior."

—Lenore Gelb, NIDA

Staff News



Plaut Honored For Leadership of Employee Group In Agency RIF

Dr. Thomas Plaut, Acting Associate Director for Policy Development and Interagency Liaison, NIMH Division of Mental Health Service Programs, was awarded the 1982 Certificate of Recognition by the American Psychological Association (APA) for his role in forming an employee group to help ADAMHA staff during the recent RIF (reduction-in-force).

The award was presented to Plaut by Dr. Harold Dickman, President, APA's Division of Psychologists in Public Service, during the organization's annual meeting in Washington, D.C. in August.

In presenting the certificate, Dickman noted that Plaut was being recognized for "his leadership skills and organizational activities in the initiation of an employee group to cope with stresses associated with the . . . reduction-in-force. The employee organization . . . held meetings, served as an information resource exchange, arranged for legal counsel, provided liaison with management, and arranged for emergency mental health services when needed."

According to Plaut, the Ad Hoc Employees' Group arose from a March 1981 all-hands meeting on the impending RIF at which a number of staff asked what they could do to help others.

"Three or four of us began to meet at least once a week until the RIF took place on December 5," Plaut recalls. "The meetings were open, and some drew 20 to 25 people. It was an unstructured, nonauthoritarian group—pretty evenly divided between professional and support staff—and I acted as spokesperson on a number of occasions."

Eight ADAMHA staff members eventually became an informal steering committee for the group. Besides Plaut, the committee included Gloria Levin, Judi Funkhouser, Paul Curtis, Sol Silverman, Noble Jones, Len Mitnick, and Jean Westler.

Because 10 months elapsed between the February announcement of the impending RIF and the actual receipt of RIF notices in December, agency staff underwent a lengthy period of stress, and some employees suffered severe emotional and physical reactions, Plaut says.

"Basically, we tried to answer questions, allay anxieties, track down rumors, inform people of their rights, and explore possibilities for legal action," Plaut reports. "We tried to be a creditable source of information, because one thing that scared people was a lack of information."

The Ad Hoc Employees Group kept in contact with ADAMHA officials and disseminated available information to employees through meetings and fact sheets. "I think ADAMHA did a better job of sharing information than a lot of other organizations, but I believe the existence of the employee group encouraged that sharing," Plaut comments.

The group also raised funds to take legal action on charges of favoritism, a claim that was not sustained by the HHS Office of Special Council.

"I do not know how to avoid favoritism or unfair outcomes in a RIF situation," admits Plaut. "Until employees have confidence in the fairness of performance evaluations, I do not know how performance can be used as a creditable criteria. I do believe that veteran's preference is unfair and should be limited to a one-time career advantage."

Plaut suggests that concerns about favoritism might be reduced if some kind of peer review system is established in which people from outside the agency would review key decisions in the RIF process, such as abolition/retention of jobs and use of vacancies.

—Marilyn Sargent, NIMH

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
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Federal Strategy on Drug Abuse Underway

A new Federal strategy against drug abuse calls for bolstering drug law enforcement activities with intensified prevention and education efforts to reduce demand for drugs.

Released October 5 by the White House Drug Abuse Policy Office, the 1982 Federal Strategy for the Prevention of Drug Abuse and Drug Trafficking emphasizes prevention efforts, especially those which involve the private sector. It is targeted at a broad range of drugs and gives special attention to alcohol and drug abuse among young people.

The strategy is a vehicle for leadership and coordination among nine Cabinet Departments and more than 30 Federal agencies—including NIDA and NIAAA—responsible for fighting drug abuse. Its five target areas are: international cooperation; drug law enforcement; education and prevention; detoxification and treatment; and research.

At a White House press conference announcing the new plan, Dr. Carlton Turner, Drug Abuse Policy Office Director, said that each State will be assigned the task of developing its own prevention effort, tailored to local needs, and that the parents' movement will play a key role in the strategy.

"We are calling for a 30-percent reduction in daily use of drugs among high school seniors as reported by the NIDA High School Senior Survey," he stated.

ADAMHA Administrator William Mayer, who joined Turner in releasing the strategy, emphasized that the effort will promulgate "a rational and believeable approach." The primary task in preventing drug abuse among youth, he said, involves changing their attitudes toward drugs. "We need to tell the young people what exactly we do know and enlist the aid of the young people themselves," he stated.

As an example of how specific agencies will carry out the government-wide plan, Turner cited HHS Secretary Richard Schweiker's initiative against teenage alcohol abuse.

ADAMHA Institutes already are engaged in activities in line with the strategy. NIAAA has been working closely with the Office of the Secretary on the Teenage Alcohol Abuse Initiative. The Institute's media campaign, launched this spring to alert women and youth to the dangers of alcohol abuse, has reached 95 percent of major U.S. television markets through State and local efforts.

NIDA is involved in all of the strategy's five targeted areas. The Institute's activities include:

See STRATEGY (P. 2, Col. 1)

NIMH Scientist Studies Link Between Mood Disorder and Menstrual Cycle

Dr. David Rubinow

Why does the depression of some manic-depressive patients "switch off" when their cycle of sleep and wakefulness is altered? Why is the depression of others ameliorated by prolonged exposure to light—a therapy which mimics the light-lengthened days of spring?

An NIMH intramural scientist is attempting to address these questions by focusing on another cyclic phenomenon: mood disorders associated with menstruation.

'Within a single day, the rhythms of biology can play a critical role either in the expression or development of affective disorders," says Dr. David Rubinow of NIMH's Biological Psychiatry Branch.

In the course of his clinical work, Rubinow reports, he has seen several women who experienced postpartum depression and later developed a menstrually-related mood disorder, followed by a major manic-depressive illness.

"I'm not suggesting that a menstrually-related mood disorder leads to a manic-depressive illness," he explains, "but I am suggesting that mood disorders associated with menstruation might serve as a sensitizing stimulus, and this may have an impact on the expression of an affective disorder in *some* women.

See MOOD (P. 4, Col. 1)

INSIDE . . .

'Compeer' Program Helps Patients Re-enter Community 3

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October 22, 1982
Vol. VIII
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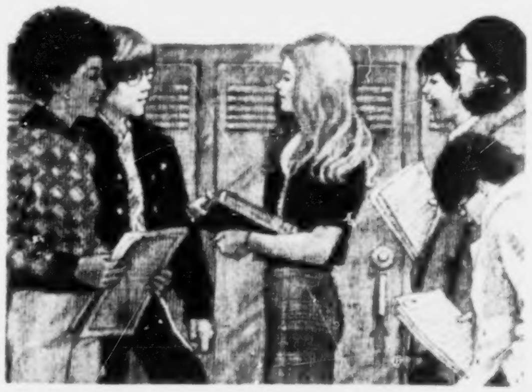


EFFECTS OF MARIJUANA ON ADOLESCENTS SPELLED OUT

Regular use of marijuana by preadolescents and adolescents can have adverse effects on their mental functioning, a group of pediatricians and psychiatrists have agreed.

This observation and others are reported in a new NIDA publication, *Marijuana and Youth: Clinical Observations on Motivation and Learning*.

Based on a NIDA workshop held June 3, 1981, the clinically-oriented booklet complements earlier publications such as *Marijuana and Health*, a National Academy of Sciences report on the scientific literature.

See YOUTH (P. 2, Col. 3)

HE 20. 8013:

STRATEGY *from page 1*

International Cooperation and Drug Law Enforcement

- Collaborating with the Drug Enforcement Administration (DEA) and the State Department to determine how drugs should be scheduled under two international treaties.
- Acquainting DEA with the abuse liability of various drugs to assist them in scheduling drugs under the Controlled Substance Act.
- Monitoring the Drug Abuse Warning Network (DAWN) which collects data on drug-related crises in 36 metropolitan areas to detect emerging drug abuse patterns and hazards.
- Working with the Justice Department to train criminal justice personnel, and providing other technical assistance to the criminal justice system.

Education and Prevention

- Designing two media campaigns to educate children and parents about the health consequences of marijuana and other drugs.
- Working with the States and private industry to expand the Channel One drug abuse prevention program, which provides youth with constructive community projects as an alternative to drug abuse. More than 300 such programs have been established nationwide.
- Providing technical assistance and support to States, communities, and parent and other citizens groups. Examples include the State Prevention Coordinators program and the development of publications on the latest research results and prevention techniques.
- Helping the Blue Cross/Blue Shield national headquarters develop a parent education program for marketing to civic and volunteer organizations nationwide.

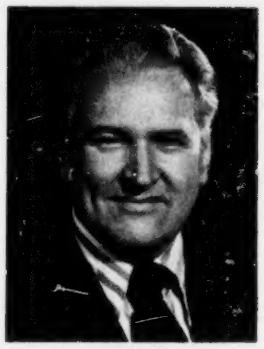
Detoxification and Treatment

- Supporting the development of new therapeutic drugs for narcotic addict detoxification and treatment, such as LAAM and naltrexone.
- Collaborating with NIMH and the Health Resources and Services Administration to make full use of drug abuse treatment in primary health care facilities.

Research

- Studying the biological and behavioral responses to drugs of abuse—for example, evaluating compounds that may block the expected effects of various drugs.
- Studying the epidemiology of drug use patterns, risk factors, and long-term drug effects through DAWN, the National Household Survey, and the High School Senior Survey.
- Monitoring the composition and potency of illicit drugs and determining their abuse potential.
- Studying chemical agents that can block or change the expected psychological effects of a drug.
- Investigating the health consequences of marijuana and cocaine use, especially for children, women, and fetuses.
- Assessing the effectiveness of new prevention approaches, including family-oriented intervention techiques.
- Collaborating wth the Department of Defense on studies to determine the effects of drugs on performance and develop more cost-effective drug screening methods.

Berkley Hathorne Dies While on Duty in Pakistan



Dr. Berkley Hathorne, ADAMHA International Activities Officer, died suddenly of a heart attack October 10 while on a tour of duty in Karachi, Pakistan.

Hathorne, 58, had served as the agency's official representative to other nations since 1972, when he left the National Institute of Mental Health to work in the newly-formed Office of the Administrator. He joined NIMH in 1969 as Coordinator of Education and Training, Center for Studies of Suicide Prevention, in the Division of Special Mental Health Programs.

Throughout his service in OA, Hathorne participated in major international health symposia in all parts of the world, and worked closely with the World Health Organization in Geneva, Switzerland. He played a central role in the success of such ADAMHA activities as the Cuban refugee mental health program and the U.S.-Mexico border initiative. His visit to Pakistan was part of an Asian tour to advance collaborative alcohol, drug abuse, and mental health research projects with India, Japan, and China.

Hathorne held a Doctor of Theology degree from Boston University and a Master of Public Health degree from the John Hopkins University. He was a member of numerous professional associations, including the American Psychological Association, the American Association of Pastoral Counselors, the National Council on Family Relations, and the Academy of Religion and Mental Health.

He is survived by his wife, Natalie, and two sons, Bruce and Mark, both of whom are Methodist ministers.

YOUTH *from page 1*

Marijuana and Youth will be featured at two conferences this month: at the American Academy of Pediatrics meeting October 24-27, where NIDA Director William Pollin will speak; and at the American Academy of Child Psychiatry meeting October 20-24, where Dr. Dorynne Czechowicz, NIDA Acting Assistant Director for Medical and Clinical Affairs, will present a "Substance Abuse in Adolescence" workshop.

NIDA exhibits at both meetings will distribute *Marijuana and Youth*, as well as other publications relevant to clinicians.

The June 3 workshop marked the first time a group of pediatricians and psychiatrists has met to share clinical observations regarding the health effects of marijuana on youth. "Parents, educators, and clinicians share a growing concern about serious psychological and developmental damage to many of the regular users," states Pollin in his introduction to the volume, "particularly as the age of onset of use has become progressively younger."

Workshop participants described a syndrome of adolescent drug abuse, observed in their practices, which usually is termed the "amotivational syndrome." Symptoms include decreased academic performance, alienation from parents and from current cultural values, loss of motivation to suceed at conventional tasks, feelings of isolation, and, in many cases, suspiciousness and paranoia.

Discussion at the workshop centered on finding ways to alleviate and prevent further health problems among youth who are using marijuana. Participants agreed that the family should be the central focus of preventive efforts.

In addition, they concurred that more information is needed on how marijuana and other drugs of abuse affect people of different ages—and in particular, that such information must be communicated to youth in the most effective manner.

Throughout the meeting, the physicians compared marijuana use to tobacco use; as Dr. Sidney Cohen, UCLA School of Medicine, emphasized in his summary of the workshop, "We would never have found out about tobacco if it weren't for clinical observation. Many advances in medical knowledge have derived from such observations."

Single copies of *Marijuana and Youth* are available from the National Clearinghouse for Drug Abuse Information, P.O. Box 416, Kensington, MD 20795.

—Lenore Gelb, NIDA

ADAMHA NEWS

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'Compeer' Provides Help for Patients Returning to Community

A mental health program in Rochester, N.Y., which uses volunteers to help deinstitutionalized patients and other emotionally troubled people negotiate the pitfalls of everyday life has attained national recognition on two fronts: it recently received the HHS Distinguished Volunteer Award, and it has been awarded an NIMH grant to train other mental health professionals who wish to start similar programs in their communities.

The program, known as "Compeer," was created to "match community volunteers in a one-to-one supportive relationship with children and adults recovering from emotional disorders," says director Bernice Skirboll. It accomplishes this goal at the remarkably low unit cost of $2.61 an hour.

Compeer volunteers work closely with doctors and caseworkers. They do not usurp the efforts of therapists but instead, in the words of one Compeer volunteer, "provide friendship and emotional support to . . . people who are lonely and trying to get back on their emotional feet."

ONE HOUR
A WEEK CAN
CHANGE
SOMEONE'S
LIFE
Compeer
VOLUNTEERS CARE

Bernice Skirboll

Patients who have been institutionalized for a long time often are abandoned by family and friends, Skirboll points out; when they re-enter the community, they are badly in need of the kind of support the volunteers give.

The mother of a patient helped by Compeer wrote a letter to the *Rochester Times-Union* thanking a volunteer for "making the transition from an institution to a very scary world easier for my son and me." She said that, thanks to Compeer, her son (who had a combination of neurological and emotional problems) "feels good about himself . . . and relates to people in general much better."

The woman closed her letter with a plea that legislators and the Federal Government make monies available for such programs.

As word of Compeer's effectiveness has spread, numerous editorials in the local papers have paid tribute to the program, and the New York State Office of Mental Health has sought to make it a model for other communities in the State.

Compeer will hold a workshop January 14-15 in Rochester to train mental health professionals who are interested in starting similar programs in their communities. NIMH will provide funding so that workshop participants can attend at no cost to themselves. The Institute also plans to support post-workshop followup and consultation visits by Compeer staff to newly-established programs.

Workshop topics will include: program philosophy; acquiring local funding; using the local media for publicity; recruiting, selecting, training, and monitoring volunteers; matching volunteers with patients; ongoing program management; and program evaluation.

Applications for the workshop must be in by November 19. Interested persons may contact Skirboll at Compeer, The Health Association, 973 East Avenue, Rochester, NY 14607, (716) 271-3540.

—Judy Folkenberg, NIMH

ADAMHA and CDC Sign Agreement

ADAMHA and the Centers for Disease Control (CDC) have forged a Memorandum of Understanding to set up regular collaboration between the two agencies.

The Memorandum, which was signed September 8 by ADAMHA Administrator William Mayer and CDC Director William Foege, pinpoints six areas of mutual interest as possible avenues for cooperation. They are: drug abuse; alcohol abuse and alcoholism; occupational health effects of ADM disorders; violent behavior; mental disorders; and implementation of the National Prevention Objectives contained in the Surgeon General's report, *Healthy People*.

Both ADAMHA and CDC are charged with preventing death and suffering by keeping track of public health problems and keeping the Nation informed about them. Under the terms of the agreement, they will carry out joint projects in each targeted area of interest; these will be designed to take full advantage of the agencies' kindred activities in epidemiology, surveillance, prevention, data analysis, and dissemination of information.

ADAMHA is particularly optimistic about this venture, reports Dr. Darrel Regier, NIMH Division of Biometry and Epidemiology, because of the success of a similar agreement formalized in July 1980 with the National Center for Health Statistics. The earlier pact helped bring about the inclusion of ADM components in several national surveys; chief among these was the Hispanic Health and Nutrition Examination (H-HANES) survey, which effectively consolidated routine physical examinations with ADM evaluations to assess the health status of underserved Hispanic populations.

"This kind of interagency agreement serves two purposes," asserts Regier, who has coordinated ADAMHA's involvement with CDC. "It helps eliminate unnecessary duplication of effort, and it shows each agency how to use the other's expertise to enhance its own activities."

The September 8 signing ceremony was the first in a series of regular meetings planned for ADAMHA and CDC. At that meeting, program directors from both staffs described how their activities might be of mutual interest.

ADAMHA's representatives (and the programs they reported) were

Dr. Charles Kaelber: "NIAAA Division of Intramural Research"

Neil Sampson: "NIDA Division of Data and Information Development"

James Lawrence (NIDA), Kaelber (NIAAA), and Eleanor Friedenberg (NIMH): "ADAMHA/NIOSH (CDC's National Institute of Occupational Safety and Health) Activities"

Dr. Saleem Shah: "NIMH Center for Studies of Crime and Delinquency"

Regier: "NIMH Division of Biometry and Epidemiology"

Several participants described a recent project which involved NIDA scientists working with CDC's Laboratory Improvement Program Office to eliminate problems of control in validating laboratory results from drug screening programs across the country.

An idea that sparked a lot of interest at the meeting, says Regier, is the possibility of linking ADAMHA data collection systems (such as NIDA's Drug Abuse Warning Network) with CDC reporting and surveillance systems.

"We're exploring to what degree their *Weekly Morbidity and Mortality Report* could include information on ADM-related conditions," he discloses. "Of course, we would have to set clear criteria for 'reportable' conditions: What level of alcohol or drug abuse qualifies as a disorder? What characterizes a mental illness?"

Another prospect discussed September 8 was greater collaboration between State departments of public health and State departments of mental health, particularly in the area of epidemiology. "At the State level, people in related disciplines in these two related areas often don't talk to each other," Regier notes. "Ultimately, we'd like to see them routinely exchange invitations to their national conferences."

The first collaborative project under the ADAMHA/CDC agreement is expected to focus on epidemiology of alcohol-related disorders. In fact, Regier says, the Memorandum of Understanding started out as a proposal to establish an alcohol epidemiology unit in CDC's Atlanta headquarters. In working out the details of the proposal, both staffs "thought it profitable to have a larger framework for reviewing a range of collaborative efforts between the two agencies," he recalls.

—K.C., ADAMHA

MOOD *from page 1*

"The research I am doing is just another piece of the puzzle in this fascinating area where a biological switch is thrown and another mood state is ushered in," comments Rubinow.

"Biological switches are one of the most powerful tools we have to study, and women with menstrually-related mood disorders are wonderful models to see how the switching mechanism influences moods."

To determine "what takes place electrophysiologically, biochemically, neuroendocrinologically, and phenomenologically," Rubinow has structured his research project to avoid major methodological problems of past studies on "premenstrual syndrome" (a term he finds inaccurate).

According to Rubinow, previous studies did not have well-defined eligibility criteria. In many cases, the sample included only women who had visited a premenstrual clinic—which didn't mean that these women necessarily had premenstrual syndrome. Samples typically did not include control groups or women who might have had menstrually-related disorders but had not visited a clinic, he says.

Another common research problem is "a bias among people to correlate distinct items—such as mood changes or headaches and menstruation—whether or not these items are, in fact, temporally related," he adds.

"The critical question for the researcher," as he sees it, is to differentiate between mood changes triggered by menses and mood changes which might occur on a fairly regular basis without relation to menstruation.

"The researcher must therefore study these women over a long period of time before inferences about correlations between menses and mood changes can be accepted as fact."

While the definition of "premenstrual syndrome" has varied from study to study, Rubinow believes that the emphasis on "premenstrual" may obscure some potentially important relationships. Consequently, the women in his study are not bound by any arbitrary time definition as to when mood disorders related to menstruation occur.

If a mood disorder repeatedly and reliably occurs 2 days after the onset of menstruation, or every other month 5 days before the onset, the significance of these occurences receives as much weight as a mood disorder occuring 10 days before menstruation, he indicates.

The women in Rubinow's research groups also are a homogeneous sample with respect to the strict DSM-III criteria for severe mood disorders. These criteria include apathy, impaired cognition, severe crying, sleep and appetite disorders, and either an inability to go to work or extreme difficulty in attending to one's work duties.

Rubinow's study started approximately a year ago and will continue for an indefinite time. Women in the study fill out various mood-rating scales, see researchers several times a month, and undergo a wide variety and long series of physiological tests.

On the thorny question as to whether men experience mood changes due to biological cycles, Rubinow speculates that they do. But this relationship is difficult to detect without an external cue, such as menstruation, he adds.

A study which compared normal men and women found that both sexes have similar cyclic mood changes. "Men are certainly susceptible to bipolar affective illnesses which are cyclic," Rubinow points out. "Looking at women and their menstrually-related mood changes might shed some light on cues to look for in men."

The NIMH scientist is enthusiastic about his research especially "because I see certain sets of symptoms clustering around different biological states. One sees different states rather than different symptoms."

For example, "women tell me that during certain times of the month, they misperceive colleagues' statements as personal attacks—yet they know, intellectually, that these remarks are innocuous."

They also report food cravings (9 out of 10 women crave carbohydrates) and a profound sense of guilt during a few days each month. The rest of the time, such food cravings, guilt feelings, and misperceptions disappear.

The psychiatrist hopes his research will clear up some of the stereotypes society has about menstrually-related disorders. "When a person has different perceptions, different feelings, and different sleep patterns, it doesn't make sense to view these symptoms without an overriding principle," he states. "This is a different, but integrated way of perceiving the world."

Women who think they might have menstrually-related mood disorders and are interested in volunteering for the study may contact Rubinow at (301) 496-6825.

—Judy Folkenberg, NIMH

STAFF NEWS

Baltasar Corrada meets with Ana Anders, St. E's Hispanic Director

St. E's Celebrates Hispanic Heritage Week

Dina Tomas of St. E's staff serves Hispanic cuisine at the September 17 festival.

Saint Elizabeths Hospital celebrated National Hispanic Heritage Week by inviting international and Federal officials to visit its successful Hispanic Program at the Casa de Amigos cottage on the Hospital campus.

The September 17 gala was a joint effort of institution and community. Hospital patients prepared invitations and decorated the Casa, while local Hispanic residents provided ethnic food. The festivities encompassed native music and an exhibit of Hispanic art featuring works by Casa patients.

Guests included the Honorable Baltasar Corrada, Vice Chairman of the Congressional Hispanic Caucus and Commissioner of Puerto Rico; ADAMHA Administrator William Mayer; Joseph Leone, ADAMHA Associate Administrator of Management; and James Pittman, NIMH Executive Officer.

The Hispanic Program was created in October 1980 to make the Hospital's services more relevant to its growing Hispanic population. It serves 60 patients whose cultural origins represent most of the South and Central American nations.

—Don Coyle, St. E's

8/21

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH

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PRESS SEMINAR REPORTS RESEARCH

Dr. Ralph Hingson

EFFECTS OF MARIJUANA USE ON PREGNANCY DETERMINED

Women who use *marijuana* during pregnancy are 5 times more likely than non-users to deliver infants with low birth weight and other features "compatible with the fetal *alcohol* syndrome (FAS)," according to research funded by NIAAA at Boston University and described at the October 7 ADAMHA Science Press Seminar.

Dr. Ralph Hingson and co-investigators suspected that women who drink heavily—a behavior already linked to FAS risk—also would be more likely to smoke cigarettes, consume marijuana or other psychoactive drugs, and have poorer nutrition during pregnancy as well as other social and demographic characteristics which might influence fetal growth and development.

Their study explored whether these factors in fact had confounding or independent roles in producing the fetal alcohol syndrome.

See MARIJUANA (P. 3, Col. 1)

Dr. Jerome Hallan

ALCOHOLISM INSURANCE SHOWN TO LOWER OTHER HEALTH COSTS

When coverage for alcoholism treatment is included in a comprehensive family health insurance policy, significant benefits result not only for the alcoholic and his family, but also potentially for the insurance carrier through reduced benefit payments for other kinds of health care.

These findings were reported by Drs. Jerome Hallan and Harold Holder, NIAAA contract-supported researchers, at the recent ADAMHA Science Press Seminar.

See ALCOHOL (P. 2, Col. 1)

Dr. David Pickar

NIMH OFFERS NEW BIOLOGICAL TESTS FOR DEPRESSION

Psychiatric patients suffering from severe depression may now be referred by their physicians to a new NIMH intramural program for comprehensive diagnostic workups based on the most advanced biological research technology, Dr. David Pickar, program coordinator, announced at the October 7 ADAMHA Science Press Seminar.

The effort is the first by NIMH to provide referring physicians with sophisticated assessments they can use in diagnosis and treatment of their patients, according to Pickar. The program is offered by the Clinical Neuroscience Branch, NIMH Intramural Research Program.

Until now, NIMH's clinical research programs have provided treatment to research subjects, but not short-term diagnostic evaluation of patients.

"We will be systematically evaluating the clinical usefulness of eight or more biological tests for hormonal, neurotransmitter, or receptor alterations associated with major affective disorders," said Pickar. "A major

See DEPRESSION (P. 2, Col. 2)

CFC
COMBINED FEDERAL CAMPAIGN
OF THE NATIONAL CAPITAL AREA

U.S. Department of Health and Human Services
November 5, 1982
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- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institute on Mental Health

HE 20.8013:

ADOPT NEW CURRICULA

Alcohol Education for Future M.D.s—HHS Training Grants Pay Off

A 3-year, $3.9 million HHS project to enhance alcohol education in medical schools has spawned innovative curricula for training future family physicians to recognize, treat, and refer aloholic patients.

The project began in 1980 when 29 departments of family medicine received HHS grants to develop new alcohol education tools and techniques. A recent meeting brought faculty from the schools together to present the results of their programs which were funded by the Health Resources and Services Administration with NIAAA's technical assistance.

Among the training innovations described at the meeting were:

- A computer program which simulates patient management problems likely to be encountered in family practice, presented by Dr. Linda Rouck, State University of New York-Downstate Medical Center
- A "Patient Education Exercise" videotape program which enacts common

See EDUCATION (P. 7, Col. 1)

ALCOHOL from page 1

They studied the effect over 4 years of including a model alcoholism package developed by NIAAA in a health insurance program which the State of California provides to its employees.

Among other discoveries, they learned that utilization rates for alcoholism treatment continued to be quite low—only slightly more than ½ of 1 percent of the entire enrolled population—even when insurance reimbursement was available.

"This is a significant finding," Hallan said, "in view of some insurance carriers' assertion that an alcoholism benefit would result in greatly increased utilization and push benefit payouts beyond their means."

Hallan noted, however, that the trend in utilization *was* upward, rising from 0.21 to 0.62 percent over the 4 years. "One can speculate that this gradual increase may be due to the positive effect of individuals overcoming their fear of stigma from seeking alcoholism treatment and/or seeing others successfully treated," he said.

Added premiums for coverage of alcoholism were quite modest, ranging from 9 to 19 cents per subscriber per month over the 4 years. "These very slight increases did not take into account potential offsetting savings from reduced health insurance outlays for other medical problems," Hallan said.

Length of inpatient stays for alcoholism treatment dropped dramatically—from a 10.5-day average in the first year to 3 days in the fourth. Although the proportion of total treatment costs for inpatient and outpatient care fluctuated, the outpatient portion tended to increase, rising from 14 to 25 percent over the 4 years.

Hallan and Holder also conducted a 5-year longitudinal analysis of all health care patterns in 90 families from their study population to ascertain if treatment for the alcoholic member reduces *general health care* utilization and costs for that person and/or the family.

"It appears that it does," Holder said, reporting that the longitudinal data showed "general health care utilization and costs for these families dropped to approximately the same level as control families by the end of the 5 years."

Other findings included:

- Among alcoholic persons under treatment, admissions per month to hospitals for general health care were substantially reduced. This also was true for members of their families.
- Per-person monthly costs for the family's inpatient care dropped eightfold over the 5 years.

At the beginning of the study, families with alcoholic members made many more outpatient visits for general health care than controls. However, control group members used outpatient care at increasing rates each year, while alcoholic family members used such services less and less, reaching a point even below control family rates.

"We need to provide the kind of believable information developed in this study to third-party payers—whether governmental or private insurance programs—to demonstrate that treatment of alcoholism definitely can lead to savings in this and other health care areas," ADAMHA Administrator William Mayer told the science writers.

—James Helsing, ADAMHA

DEPRESSION from page 1

aim of the experimental program will be to determine the extent to which any of these biological changes are specific to depression; a group of schizophrenic patients will be used as controls."

While a number of psychiatric centers now offer biological evaluations, none has the capability of performing such a comprehensive workup as the NIMH intramural program, where many such tests were developed over the last few years. Concern that some of the tests may be prematurely rushed into routine clinical use without adequate validation has given added impetus to the NIMH research effort, Pickar pointed out.

Patients who qualify will be voluntarily admitted for brief stays (less than 2 weeks) in an NIMH research unit at the NIH Clinical Center in Bethesda. The findings and their clinical implications will be handed over to the patients' doctors upon discharge. There is no charge to the patients.

Advances in the neurosciences over the past decade have afforded clinical investigators increasing precision in detecting minute levels of brain chemicals in accessible body fluids, such as blood, urine, and cerebrospinal fluid. More sophisticated use of radioactively labelled compounds also has made it possible to trace the mechanisms and interactions of these chemicals with drugs used in treatment. Studies are finding that specific chemical changes characterize certain groups of affective disorder patients.

The biological tests for depression involve measures of either amine neurotransmitters, neuroendocrine hormones, or cell membrane markers or receptors. Brief descriptions of the tests being evaluated in the new program follow.

Physicians interested in referring patients to the program should contact Dr. Alec Roy, (301) 496-6295.

Tests For Depression

AMINE NEUROTRANSMITTER TESTS

Plasma Norepinephrine and MHPG—Relationships between norepinephrine and affective disorder are determined via a byproduct of the neurotransmitter's metabolic breakdown detectable in blood.

Urinary MHPG—Some depressives who excrete a reduced amount of MHPG respond differently to antidepressant medications than others who excrete larger amounts of the norepinephrine metabolite.

Serotonin Metabolite 5HIAA and Suicide Potential—Depressed patients with a history of suicide attempts show lower levels of serotonin's metabolite in cerebrospinal fluid.

NEUROENDOCRINOLOGY TESTS

Plasma Cortisol—Excess amounts of the adrenal gland hormone cortisol are found in the blood of nearly one-half of patients suffering from a major depressive episode.

Dexamethasone Suppression Test—Abnormal levels of cortisol are found in the blood of nearly one-half of patients suffering from a major depressive episode.

TRH Stimulation Test—Some depressed patients show blunted Thyroid Stimulating Hormone response to Thyrotropin-Releasing Hormone (TRH), probably reflecting dysfunction in the limbic and hypothalamic areas of the brain.

MEMBRANE MARKER TESTS

Imipramine Binding and Serotonin Uptake in Platelets of Depressives—Significant decreases in binding sites for the antidepressant imipramine and in the uptake of the neurotransmitter serotonin are found in blood platelets of depressed patients, suggesting an inherited or acquired deficiency in serotonin transport within neurons.

Alpha 2-adrenergic Receptors in Depressives—Depressed patients show a higher number of receptors for catecholamine neurotransmitters, which decrease following treatment with tricyclic antidepressant drugs.

—Jules Asher, NIMH

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-William Mayer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

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Psychiatrist Cautions: Prevention Studies Must Focus On Practical, Cost-Effective Models

Efforts to prevent unhealthy human behaviors go back to the beginnings of recorded history and add up to enormous expenditures of money and time; yet, addictive and other detrimental behaviors continue to be a major cause of ill health and death, said Dr. Jerome Jaffee, Associate Chief of Staff for Education, Newington VA Medical Center, and Professor of Psychiatry, University of Connecticut.

At a September seminar on prevention, co-sponsored by the NIMH Divisions of Extramural Research Programs and Special Mental Health Programs, ADAMHA staffers heard and discussed Jaffee's perspective on prevention.

Noting that all prevention experts have their biases, Jaffee, former director of the White House Special Action Office on Drug Abuse Prevention, said he favored innovative technological approaches over efforts to change behavior. For example, he said, the development of a vaccine to prevent genital herpes would more effectively deal with the present epidemic than educational campaigns to encourage more prudent behavior.

In view of the Congressional mandate that NIMH place more resources into prevention research, Jaffee advised that studies be funded with an eye toward developing practical, cost-effective models that take into consideration both the long-term impact on individuals and the breadth of influence on society.

To support his viewpoint, he presented a litany of prevention efforts—motivated by health or moral concerns—that began with biblical references to the use of alcohol and ended with recent studies on the use of tobacco.

Citing religious exhortations and prohibitions, horrible punishments threatened by various rulers, and legislative attempts that date back to the Romans and continued throughout history (including the development of special government agencies and taxes), Jaffee maintained all were done to prevent addictive behaviors or to promote health.

In addition, he described his research on attempts to change the habits of cigarette smokers. To date, he reported, the findings have not been encouraging.

For example, after having poor success in an experiment to reduce smoking among fellow employees, he mounted a NIDA-funded study to find whether economic motivators could induce smokers to switch to low tar/-low nicotine cigarettes, and further, whether such a switch brought about health advantages.

The study took place within the confines of a single institution and involved aggressive recruitment techniques, including assurances that participants would not be asked to stop smoking. Although study participation occurred during work hours on institution grounds, only 138 of a possible 2,600 smokers volunteered.

At the end of the first 12 weeks of the experiment, Jaffee and his colleagues found that some heavy smokers could be motivated to switch to lower nicotine/tar cigarettes by a combination of money incentives (rebates on low tar/nicotine cigarettes) and warning messages on cartons.

However, switching did not necessarily offer great health benefits. A 6-month followup indicated that while blood levels of nicotine and tar products were reduced, other dangerous chemicals remained high, and such respiratory symptoms as coughing, wheezing, phlegm, and slowed walking were worse in those smoking the lowest tar/nicotine brand cigarettes than those smoking the light or moderate brands. This phenomenon, offered Jaffee, might be explained by the greater difficulty in inhaling the lowest level brands due to air holes placed around their filters.

Recognizing the current movement toward prevention in the health field, and declaring his belief in prevention, Jaffee nevertheless warned against being "stampeded" into spending too much for too little. The public health field must take time to consider its priorities and alternatives, he cautioned.

Dr. Jerome Jaffee

In response, Dr. John Rolf, NIMH Prevention Research Branch, assured Jaffee that NIMH will continue to support only those studies which have scientific merit. Further, he disagreed with what he regarded as Jaffee's all-encompassing definition of prevention. Any discussion of prevention, he said, should distinguish between policy and rhetoric and differentiate both from scientific definitions of prevention.

While some participants responded enthusiastically to Jaffee's report, others did not. One listener commented that Jaffee's remarks seemed to imply that a great deal of prevention research has been done and that prevention is impossible, when in fact, little prevention research has been carried out, and most of it has not produced strong scientific findings.

—Marilyn Sargent, NIMH

NIMH Staff College
presents
St. E's Learning Exchange
November 16
"Options In Community-Based
Care: Innovations on a Shoestring"
Contact: (301) 443-3185

MARIJUANA

from page 1

They found that when alcohol use and all other factors were controlled, marijuana use during pregnancy was the factor statistically most highly associated with a woman giving birth to a baby with FAS features.

"This is the first study in humans to report that maternal marijuana use during pregnancy is significantly and independently associated with lower birth weight," Hingson said. "Women who smoked marijuana less than 3 times per week delivered infants who averaged 95 grams smaller than infants of non-marijuana users. Women who smoked marijuana 3 or more times per week delivered infants who averaged 139 grams smaller than non-users."

In comparison, women who smoked one or more packs of cigarettes per day delivered infants who averaged 83 grams smaller than those of non-smokers, Hingson said.

Drs. William Mayer and Ralph Hingson

He warned that the Boston group's findings on marijuana should be interpreted cautiously, "given the small number of infants (31) in our multivariate analysis with fetal alcohol features, and the well-known difficulties in obtaining reliable interview data about highly interrelated variables such as maternal marijuana use, drinking, cigarette smoking, and psychoactive drug use.

"It would be premature to conclude that marijuana use by itself contributes to adverse infant outcomes," Hingson said. "It appears that a maternal lifestyle which combines poor nutrition, cigarette smoking, drinking, and marijuana use probably poses the higher risk."

One of the co-investigators, Dr. Joel Alpert, told the writers attending the Science Press Seminar that numerous studies have previously documented the potential impact of drinking and cigarette smoking during pregnancy. "What we have added are findings which alert us to possible adverse effects of marijuana and other psychoactive drug use as well."

The study of "Effects of Maternal Drinking and Marijuana Use on Fetal Growth and Development" was reported in the October issue of *Pediatrics*. The study population consisted of 1,690 mother-child pairs.

—James Helsing, ADAMHA

SHOWING IMPACT OF BEHAVIOR ON HEALTH MAY HELP RECRUIT NEW PSYCHIATRISTS

As the need for psychiatric services continues, and the number of medical school graduates entering psychiatry declines, a future shortage of psychiatrists is predicted.

To counteract this drift, psychiatric educators should demonstrate how knowledge of the behavioral sciences can enhance the clinical practice of all physicians, said Dr. Richard Simons, Professor of Psychiatry at the University of Colorado Health Sciences Center.

Speaking at a September 20 NIMH Staff College seminar on "The Challenge of Psychiatric Education—Teaching of Psychiatry in Medical Schools," Simons stated that the primary goals of psychiatric education should not be recruiting physicians into the specialty of psychiatry but relating psychiatric knowledge to the general practice of medicine. He also stressed that psychiatry students need well-supervised, positive clinical experiences with patients amenable to therapeutic change.

To illustrate these points, Simons described the teaching program at the Health Sciences Center in Colorado, where professors do not present "either the depths of psychoanalytic theory or the most recent and exciting advances in behavioral science and brain research" unless these areas can be clearly and directly related to medical practice.

> *"Every lecture is judged on the basis of how it relates to the immediate clinical practice of medicine. If it does not, the lecture is dropped, or the lecturer is asked to change the material."*

In most instances, Simons noted, psychiatric theories and findings are related to practice and demonstrated to the medical students.

Every lecture, he said, "has to be judged on the basis of how that lecture relates to the immediate clinical practice of medicine. If it cannot be related to that goal, the lecture is dropped, or the lecturer is asked to change the material to make it relevant to the general practice of medicine."

Psychiatric education courses at the Center present, in the context of clinical situations, a number of issues that are of interest to medical practitioners in general. These include: human behavior and the physician, the family and the physician, growth and development, sexuality, grief and mourning, the psychophysiology of stress, and the syndrome of psychopathology.

Dr. Richard Simons

Simons stressed that human development is not isolated from common medical problems in these courses. "We try to present all aspects of development: biological, cognitive, learning theories, psychodynamics, and sociocultural."

He conceded that it is much easier to teach behavior concepts to students who have a commitment to psychiatry, such as psychiatric residents and psychoanalytic candidates, because of their psychiatric orientation. When teaching medical students who will be specializing in other areas, he found that "you have to prove and document everything you say."

When students do express an interest in a psychiatric career, Simons remarked, "it is important that they have a chance to work with patients who get better, rather than working only with chronically ill patients in State mental hospitals." Then the students can see and become excited about the range of effective therapeutic modalities that were not available 20 years ago, he pointed out.

Medical students who have not shown an interest in psychiatry still can benefit from the vast amount of information contained in the behavioral sciences that is of immediate and vital importance to the non-psychiatric physician, said Simons. "It should be our goal to convey that information," he stated. "I am convinced that if we do that effectively, we will not have to worry about recruitment; recruitment will take care of itself."

Simons' lecture was preceded by remarks from NIMH Director Herbert Pardes, who recently contributed an editorial to the *American Journal of Psychiatry* (August 1982) on the imminent shortage of psychiatrists. A number of recommendations put forth in Pardes' editorial—e.g., making behavorial science courses relevant to clinical practice, and weeding out ineffective teachers—formed the basis for Simons' talk.

In his introduction of the seminar, Pardes stated that "there are thousands of health students within medical schools, and one has to be concerned about what it is those people learn, whom they learn it from, how it is presented, and how comprehensive is the material."

He added that innovative psychiatric education programs such as the one in Colorado help influence the practice of medicine and provide hope of an increase in applicants to schools of psychiatry.

—William Herndon, NIMH

Importance of Media Stressed By NIDA Panel

The media are a potent force in shaping attitudes and behavior, a panel of speakers agreed at a recent NIDA workshop on "Media: Who, What, Why and How" at the annual meeting of the Alcohol and Drug Problems Association of North America (ADPA) in Washington, D.C.

"Drug abuse issues always make a good story," said Jeffrey Marks, Executive Producer for News, WJLA-TV, Washington, D.C. But knowing how to get a story on the air is crucial, he emphasized.

The purpose of the NIDA workshop was to help staff from State and local drug abuse and alcohol agencies master that process.

"Who" to contact varies according to the medium where the message is to appear. For a TV spot, the public affairs director, health reporter, or assignments editor is the person to contact, suggested Marks. "Find out who makes the decisions," he emphasized.

If you want your health message heard on radio, Edith Smith, Director of Public Relations for WHUR-Radio, a D.C. station, recommended calling someone in her position or a radio talk show host.

> *"If public service announcements are not creative, they're not heard."*

In explaining "What" kind of story or message the media are seeking, Marks pointed out that a TV station's first obligation is not to get people off drugs or alcohol, but to tell them what is happening. A good story, in his opinion, is one that affects a lot of people, interests people, or tells them what they need to know.

"A good human interest story is your best bet," added Smith. "If public service announcements are not creative, they're not heard," she stated. If a radio station receives a recorded message, the station is more than willing to help to make the message more creative, she added.

"How" an organization can produce community interest programs through cable television was described by Mindy Snyder, Director of Community Programming for Montgomery County Cablevision. She showed the types of programs other groups have produced via public access channels ranging from sports programs to interviews with crime victims. Snyder pointed out that cable television companies usually provide free facilities and equipment, such as videocameras which are easy to learn to use.

Panelists also discussed how to establish contact with the media. Marks said that, to

See MEDIA (P. 8, Col. 1)

SURVEYS EXAMINE MYTHS WHICH STILL PLAGUE VIETNAM VETERANS

Stereotypes from the Vietnam War continue to linger: drug-crazed, violent veterans and a war fought mostly by lower class and/or black men while middle and upper class whites remained safely at home.

But at the American Psychological Association's meeting this summer, a workshop on "Further Legacies of Vietnam" presented evidence that these sterotypes are far too simplistic and, in some case, inaccurate.

Researchers funded by NIMH and the Veterans Administration (VA) conducted surveys of Vietnam veterans, veterans of other wars, and nonveterans to study the effects of the Vietnam War. While their findings were published in 1981 under the title *Legacies of Vietnam,* some of their data remain to be analyzed. Papers presented in the forum contained new analyses of the original data.

For example, researcher Randy Martin pointed out that, according to the survey data, it is true that greater proportions of lower class men joined or were drafted by the military—approximately two-fifths of the men from the three lower classes as compared to only one-fifth from upper class families.

But the data also show that upper class men went to Vietnam as frequently, and some more frequently, than men from the two middle classes—and only slightly less frequently than men from the lower class.

The racial issue proves even more complex.

According to the survey data, nearly equal proportions of white and black men fought in Vietnam. But 12 percent more blacks were involved in heavy combat than whites (although Martin believes that this difference is not statistically significant).

Digging deeper into the findings, Martin discovered that all officers in the survey were white, and roughly twice as many blacks and Chicanos remained at the rank of private as did whites.

Looking at the data on military punishment, Martin discovered further inequities. A total of 19.6 percent of minority veterans but only 5.3 percent of the whites received court-martials. Minority soldiers received formal reprimands (known as "Article 15s") at nearly twice the frequency of whites. The reprimands were for misconduct ranging from untidy uniforms to assault on an officer.

One possible reason a greater number of minorities received court-martials and reprimands is exemplified by the following story, which illustrates the role white officers played in exacerbating racial tensions:

"[When] someone [would] say something racially derogatory towards me . . . we looked towards our commander to take care of this and he didn't say anything.

"One day, one of the blacks had gotten into a fight with two whites over the soda machine. I think it was like maybe 200-300 people fighting each other. The security police were white, and they attacked the blacks first rather than go to the central point and separate people period. We [the blacks] were the ones who had gotten hit with the nightclubs and the sticks and things and pulled off and put into jail.

"I think there was only one white that went in [and] 10 blacks, one to ten you know. Most of the people who were involved in that had gotten court-martialed or had gotten discharged or sent to the other bases."

"In this case," Martin said, "white officers and security forces commanded by them ignored racial tensions until they exploded. The roles of manager, judge, and politician are all embodied in the officer."

While the survey data had disproven the myth that blacks fought in the Vietnam War in larger numbers, he noted, the data did uncover a virulent racism existing in the armed forces—which was one implication of the myth.

"Significantly more combat veterans have been in a fight in the last 5 years . . ."

Vietnam veterans' wide exposure to heroin triggered another myth among the American population that these drug habits would be brought home and spread.

However, Laurie Michael Roth stated, the data suggest that, for the most part, current drug abuse among Vietnam veterans does *not* vary from that of their nonveteran peers. Indeed, "nonveterans are more likely than veterans to be drug users, although these differences appear to be due primarily to the larger percentage of nonveterans who use marijuana or cocaine but no other hard drugs.

"Further," she continued, "our data clearly do not support the theory that either drinking, drug use in general, or hard drug use in particular is an alternative to post-traumatic stress disorders for the combat veteran."

Ghislaine Boulanger presented mixed findings on whether the Vietnam veteran was more violent than others. Her data show that, in general, Vietnam veterans did not differ significantly from nonveterans in engaging in violent behavior. But when a veteran had been in combat, a different statistical picture emerged.

"Significantly more combat veterans have been in a fight in the last 5 years, have used weapons, or have hurt someone badly," she noted. "There appears to be a tendency for combat veterans to be arrested more frequently for crimes of violence than noncombat veterans and nonveterans."

Boulanger controlled for such factors as a predisposition to violent behavior or mental disorder, and getting into trouble as children. She concluded that combat—not predisposition—appears to be the decisive factor in determining whether or not a man will become violent after war.

Dr. Julius Segal, Director, NIMH Division of Scientific and Public Information, served as a discussant of the research papers. He pointed out the need for research which examines the popular notion that a given stressful situation will produce the same deleterious result in everyone. Human reactions are too complex to be reduced to a simple cause-and-effect, he said, without taking into account such factors as an individual's background or the different varieties of experiences in a place like Vietnam.

—*Judy Folkenberg, NIMH*

NIMH's AXELROD HONORED

Dr. Julius Axelrod, Pharmacology Section Chief, NIMH Laboratory of Clinical Science and winner of the 1970 Nobel Prize for his work in medicine and physiology, received yet another honor October 6, when the University of Paris South awarded him an honorary doctorate, Doctor Honoris Causa.

Axelrod particpated in the official ceremony at Bicetre near Paris. While at the University, he gave two talks: "The Pineal Gland—A Neurochemical Transducer" and "Lipids and the Receptor-Mediated Transmission of Biological Signals Through Membranes."

CMHCs in Phila. and New Jersey Operate Area-Wide Self-Help Clearinghouses

Self-help clearinghouses have been established by community mental health centers in two Mid-Atlantic States to help expand informal helping networks.

Last year, New Jersey became the site of the Nation's first statewide self-help clearinghouse under a State grant awarded to St. Clare's Hospital CMHC in Denville. Across the Delaware River that same year, the Philadelphia Self-Help Clearinghouse was formally opened by the John F. Kennedy Community Mental Health/Mental Retardation Center.

Both Clearinghouses are working to acquaint their communities with existing self-help groups, whose members aid each other in coping with a mutual problem or life situation. The information centers also assist people who want to form new groups, and they nurture alliances between self-help activists and professional therapists.

The Philadelphia Clearinghouse published the city's first Self-Help Directory listing more than 75 local groups; the second edition is expected to include 750 groups. Many of the groups joined the Clearinghouse in sponsoring the first citywide Self-Help Conference, supported in part by the Technical Assistance Center of Region III's ADAMH Division.

In another "first," the Philadelphia Clearinghouse collaborated with the National Council of CMHCs on a groundbreaking U.S. study of the relationships between self-help groups and local CMHCs. Two current projects done in conjunction with the Arthritis Foundation and the American Lung Association are assessing the effectiveness of their self-help programs.

Like its neighbor, the New Jersey Clearinghouse has used statewide directories and conferences to coalesce local self-helpers.

It began with one full-time staff member, a computer terminal, and a toll-free telephone number. Its first 4 months were spent on the difficult task of identifying the area's self-help groups, which typically operate out of "kitchen table" offices with members' home phones as contacts. Clearinghouse research found that the informal groups are akin to traditional natural supports such as extended family and church. In fact, more than 1,000 of the 3,000 groups in New Jersey conduct their meetings in churches.

In its first year, the Clearinghouse provided more than 1,800 callers with information and referrals to self-help groups. An additional 200 callers inquired about starting groups, resulting in the birth of more than 45 new organizations.

According to Clearinghouse Director Edward Madara, the highest percentage of calls are related to parenting, and the next highest are from people who have general mental health problems or are under stress. The third largest group represent families and friends of people with these problems.

In light of these expressed needs, the Clearinghouse has held conferences on starting groups for the families of the mentally ill, single parents, stepparents, new mothers, and the physically disabled. One seminar invited clergy members to discuss their roles in supporting self-help groups.

Madara reports that, among those starting self-help groups, lay persons have a higher rate of success than professionals. The pitfall, as he sees it, is that unless professionals play an ancillary role in such endeavors, members will become too dependent upon them; this can stifle the members' own sense of ownership, investment, and control that sparks the energy and dynamics of a self-help group.

"As professionals, we are trained to be in authority—'the authority'—in control, and in the starring role," Madara notes. "But to facilitate a self-help group, the professional must yield control to the group."

The New Jersey Clearinghouse's toll-free number, 800-452-9790, can be reached by anyone in the United States. For Philadelphia, call (215) 568-0860, x276.

HARD-TO-REACH WORKERS ARE 'TARGET' OF NEW NIAAA OCCUPATIONAL GUIDE

Occupational alcoholism programs have come a long way since E.I. DuPont established the first program in a major multiplant company in 1943.

Today, more than 5,000 programs operate nationwide providing services to 12 percent of the U.S. workforce (or 10.5 million employees).

Despite this progress, occupational programmers have become aware of an underserved group of "hard-to-reach" workers. They are in a broad range of jobs without ready access to alcoholism services. Many have no direct supervisors, a central component of most employee assistance programs.

To help companies meet these service needs, NIAAA has published *Target: Alcohol Abuse in the Hard-to-Reach Work Force*, a compendium of ideas and suggested resources for special occupational programs.

Target identifies various obstacles to reaching certain employees and presents successful approaches which circumvent those obstacles. For example, companies with too few employees to justify an in-house program are advised to join with other small firms to form a local "employee assistance consortium." The same solution is recommended to small, geographically dispersed branches of large corporations whose workers are too far away to use headquarters programs.

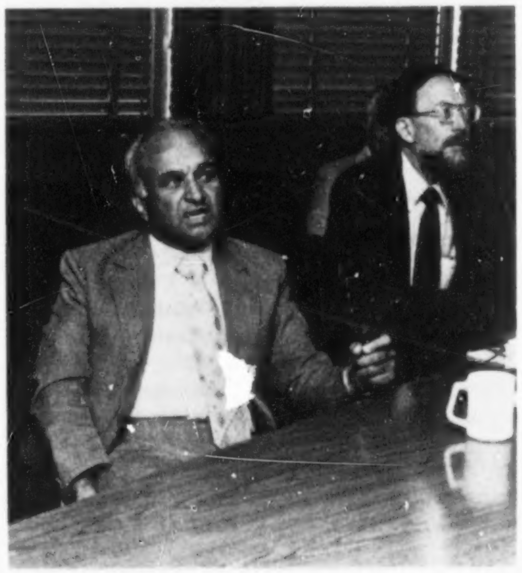
The booklet discusses how labor unions, "with their historic support of worker health programs," can use their "unique position" to assist hard-to-reach members. Successful programs developed by the International Longshoremen's Association, the Airline Pilots' Association, and the National Maritime Union, among others, are presented as models.

Target also calls on professional organizations to mount assistance efforts on behalf of members who work without supervisors (a traditional point of referral). These include doctors, lawyers, clergy, engineers, university professors, and executives.

One chapter, "Program Startup," tells how to formulate a policy statement ("the first major task in beginning any employee alcoholism program") and includes a list of relevant organizations for referral.

Single copies of *Target: Alcohol Abuse in the Hard-to-Reach Work Force* are available from the National Clearinghouse for Alcohol Information, telephone (301) 468-2600.

NIMH INTERNAT'L PROGRAM HOSTS INDIAN SCIENTIST



Dr. G. N. Narayana Reddy, Director of India's National Institute of Mental Health and Neurological Sciences, explained his country's mental health system and its role in the development of services and training during a visit here in September. Seated to the right of Reddy is Dr. Seymour Kety, NIMH Assistant Director for International Programs, who hosted the meeting.

NEW AUDIOVISUAL SERIES

NIMH Branch Lauded for "Being Friends"

A new NIMH audiovisual series has garnered both an Award of Distinction from the National Association of Mental Health Information Officers (NAMHIO) and an Honorable Mention in the 1982 Film Festival sponsored by the Film Council of Columbus, Ohio.

The series, entitled "Being Friends," is a mental health education curriculum for children ages 9-12. Produced by the NIMH Mental Health Education Branch, it challenges youngsters to give serious thought to the perplexities of growing up.

As a winning entry in the Audiovisual category of NAMHIO's eighth annual National Media Contest, "Being Friends" was chosen on the basis of cost-effectiveness, understandability, and overall production quality. Contest judges were university faculty and media professionals.

> *"The series teaches children practical skills in building relationships with people of all ages."*

Dr. Jacquelyn Hall, Chief of the Education Branch and Project Officer for the series (which was developed under contract by Amram Nowak Associates, Inc., New York City) accepted the NAMHIO award September 3 at the group's 20th annual meeting in Kansas City. The Columbus award was presented October 28.

"Being Friends" aims to make young people aware of the kinds of problems which characterize the transition from childhood to adolescence. Throughout its five open-ended mini-dramas, it teaches children practical skills for building relationships with people of all ages.

In *Bryan and the Hamsters*, a boy who is caught between the proposition of a friend and a promise to his younger sister learns about honesty and trust.

In *Tony and the Election*, a boy who wants to vote for a girl for class president must resist peer pressure or lose self-respect.

In *Sue and Sandra*, a girl who makes friends with an older teenager discovers that good intentions can have negative consequences.

In *Debbie and the Dancers*, a girl with drive and ambition learns from an adult teacher that the most sought-after goals still can remain out of reach.

In *Different Points of View*, youngsters examine their feelings toward elderly people and the good times they've shared.

The series is available in 35mm sound filmstrips, 16mm film, or video cassettes. It includes discussion guides for each mini-drama and words and music for the five original theme songs.

Dr. Jacquelyn Hall receives award from NAMHIO President Faye Strickland

"Being Friends" may be obtained from:
The National Audiovisual Center
Information Services FZ
Washington, D.C. 20409
(301) 763-1896

BEING
FRIENDS

EDUCATION

from page 1

patient/physician interactions, presented by Dr. John Femino, Brown University

- A tutorial module which enables undergraduate medical students to teach themselves about the disease of alcoholism, presented by Dr. Eugene Schoener, Wayne State University.

The private sector's involvement in alcohol education shared the spotlight. A prominent example featured at the meeting was "Project Cork," a program at Dartmouth Medical School funded by the KROC Foundation of the McDonald's fast-food chain.

Jean Kinney reported that the project has yielded a number of sophisticated alcohol education materials which could be used in medical schools around the country. Chief among these, she said, is a series of films and videotapes which show medical students and practitioners how to treat typical cases of alcoholism in the "subacute" phase.

The faculty representatives credited much of their success to the pioneer Career Teacher professional education programs started by NIAAA and NIDA in the early 1970's. They also cited the growing body of research which establishes alcoholism as a disease with its own etiology.

Dr. James Callahan, Deputy Director, NIDA Division of Training, noted that the scientific evidence now available has helped acquaint Medical Boards (faculty which determine the content of curricula) with two facts: first, that the use of alcohol and other drugs contributes to many medical problems; and second, that medical training should emphasize early diagnosis and treatment.

> *"What we often see is double denial—the physician denies he has any alcoholic patients, and his alcoholic patients deny that they have a problem."*

Most Medical Boards throughout the Nation now include alcohol and drug education in their curricula, he pointed out.

Many participants recalled how they first realized the impact of alcoholism on their patients. One physician said that early in his practice, he became interested in Alcoholics Anonymous as a possible referral resource for a patient. He received permission to attend a meeting of a local chapter, and found "half his practice" there—all men and women whom he had treated for illnesses which, unknown to him, stemmed from heavy drinking.

The educators and clinicians discounted the notion that the alcoholic patient must "hit bottom" before any effort to help will be effective. They also discussed the "denial syndrome," a common problem with alcoholics which was covered by many of the new training materials.

Jeanne Trumble, NIAAA's lead person for the HHS alcohol education project, expressed the group's consensus by stating, "What we often see is double denial—physicians deny they have alcoholic patients, and their alcoholic patients deny they have a drinking problem." To correct this, she said, training efforts should emphasize that the family physician is in a unique position to help the alcoholic patient recover.

The meeting was held at the National Library of Medicine under the co-sponsorship of the Society of Teachers of Family Medicine.

—Walter Clark, ADAMHA

MEDIA *from page 4*

create a good relationship with a TV station, "be available and open" when the media needs information (from a drug abuse center or agency, for example) and they will be receptive to your story.

"Why" is it important to get media coverage? "TV influences the socialization of individuals and how they perceive their social reality," said Dr. David Pearl, Chief, NIMH Behavioral Sciences Research Branch. "TV can have a positive influence on health behaviors." He also described how TV influences "heavy" viewers, especially children, as reported in the NIMH publication, *Television and Behavior* (Vols. 1 and 2).

"Two-thirds of the viewers use TV news as their main source of news," pointed out Marks. "And one-half use TV news as their only source of news," he said in describing why a "spot" on the 6:00 news is important.

Susan Lachter, Director of NIDA's Office of Communications and Public Affairs and workshop moderator, summarized NIDA media activities. They include a 5-year communications plan targeted toward a range of audiences, such as parents, youth, minorities, women, and the elderly. The plan is being shared with organizations such as ADPA, parent groups, and the media "so that we can work together to get the message across." The message aims at "deglamorizing drugs" and telling youth that "Saying no to drugs is okay."

Lachter said that NIDA plans to develop TV and radio public service announcements on the health effects of marijuana. NIDA also helps coordinate the Scott Newman awards which encourage television writers, producers, and directors to develop drug abuse prevention programs on prime-time television.

—Lenore Golb, NIDA

At St. E's, Time Marches On . . .

After a long hiatus, time marches on at Saint Elizabeths, thanks to a staffer's determination to restore a Hospital landmark.

The four faces of a large clock built by the Howard Watch and Clock Company of Roxbury, Mass., have graced the steeple of the Hospital's firehouse since its erection in 1890. Sometime over the last decade, the clock broke down. Because of the intricacy of its antique workings—including an operating system of weights-and-pulleys and a striking mechanism used to ring its 40-inch bell—the clock stood dormant for many years.

Last year, Jane Klemer, an industrial therapist on the Hospital staff, decided it was time to get the clock running again. She contacted local horologists (experts on timepieces) and solicited bids for renovating the clock and maintaining it regularly. The horologist who won the contract cleaned and repaired the antique, converted its weight-powered machinery to run on electric power, and fitted the clock with new hands.

The horologist also restored another Hospital clock built by the Howard Company in the 1890s; this had been used to record on paper disks electrical signals from St. E's watch or patrol stations.

Both antique clocks are now keeping time accurately, and the firehouse clock once again is chiming every hour.

Antique buffs and horologists can see both clocks during office hours in the Hospital's Center Building which also houses the Saint Elizabeths Museum. Tours are conducted 11 a.m. to 2 p.m. on the second Wednesday of each month. To sign up, call Wilhelmina Carey at 574-7700.

—Don Coyle, St E's

Jane Klemer admires St. E's restored antique clock

Staff News

Message from the Administrator

I am asking all staff to give serious consideration to the meaning of this year's Combined Federal Campaign and to your personal support of the campaign in ADAMHA.

Our contributions mean very much to the millions of people who are touched by the services of more than 200 voluntary agencies which will be supported by the CFC this year. For some, the services mean an enrichment of life; for others, it can mean the saving of life. More than 1 million of these people live right here in the National Capital Area. Many millions more live across the country and around the world. When you give, you are reaching out to others in a very personal sense, since it's your decision and it's your gift.

The campaign continues this year until November 12. We already have made a generous start, but the goal for this year's campaign is a challenging one: $51,000 for ADAMHA Headquarters and $74,000 for Saint Elizabeths Hospital. It represents our commitment to keep faith with those who need our help. Please join with me this year in giving your fullest possible support to the Combined Federal Campaign with a payroll deduction gift which will help people all year long in 1983.

William Mayer, M.D.

William Mayer, M.D.
Chairman,
Combined Federal Campaign, ADAMHA

CFC COMBINED FEDERAL CAMPAIGN

TABLER NAMED EXECUTIVE ASSISTANT

Diana Tabler, former Director of the Public Policy Office of the National Council on Alcoholism, has been named Executive Assistant to ADAMHA Administrator William Mayer.

Tabler also has served on the staffs of the National Association of State Alcohol and Drug Abuse Directors and its predecessor, the National Association of State Drug Abuse Program Coordinators.

In her new position, Tabler will function as Mayer's liaison in carrying out ADAMHA's mission of Institute coordination and national leadership in the alcoholism, drug abuse, and mental health fields. She has a particular interest in the agency's research enterprise, and intends to draw on her experience with national organizations to help foster public-private sector collaboration.

Tabler is an alumna of Gettysburg College in Pennsylvania.

8/22

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH

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NIAAA's John Noble and Henry Malin

Q&A

New Data System Tracks National Alcohol Problems

A new Alcohol Treatment Profile System (ATPS) developed by NIAAA will help States plan effective alcoholism services—and justify expenditure for the services—based on the demonstrated needs of their constituencies.

For the first time, three different kinds of statistics will be correlated under the new system to create a comprehensive picture of

See Q&A (P. 3, Col. 1)

KANDEL ON NEUROBIOLOGY OF MENTAL PROCESSES:

"the most fascinating problem facing biology today and perhaps its ultimate challenge . . ."

What are the cellular mechanisms of behavior and learning? Can experience alter the structure and functioning of nerve cells and their interconnections?

These questions now can be confronted, says Dr. Eric Kandel, Professor of Physiology and Psychiatry at Columbia University's College of Physicians and Surgeons.

At a recent seminar at the Parklawn Building sponsored by the NIMH Division of Extramural Research Programs, Kandel said that increases in technological and conceptual strength in both biology and psychology have made it possible to confront "the most fascinating problem facing biology [and] perhaps its ultimate challenge": understanding the neurobiology of mental processes.

Kandel breached the barriers between neuronal and mental processes by placing his own neurobiological research within the context of psychological conceptualizations of learning, particularly of learned anxiety.

Citing Freud, Pavlov, and others, he carefully laid the scientific groundwork that points to anxiety as a learned process which is necessary for the survival of a species, but a process which also can result in severe dysfunction. When humans and other forms of life display anxious behaviors in the face of non-threatening situations, anxiety no longer serves a useful purpose, Kandel pointed out.

Dr. Eric Kandel

Researchers long ago found that non-useful anxiety can be produced in animals and humans by pairing benign and noxious stimuli. For instance, a rat that has received an electric shock each time a bell is rung will soon exhibit anxiety-like behavior with just the ring of the bell.

Thus, the rat has been conditioned (has learned) to respond with anxiety-like behaviors when presented a specific stimulus. Kandel related this conditioned response to a form of anxiety found in humans which is referred to as "anticipatory" or "signaled" anxiety.

Similarly, models for "chronic anxiety"—fear not associated with a particular stimulus but with many environmental cues—also can be produced in animals by a conditioning process referred to as "sensitization."

Humans with either anticipatory or chronic anxiety respond to drug treatment, indicating a neurobiological component to the disorders, said Kandel.

Recognizing that both forms of anxiety are learned and that such learning involves specific neurobiological activities, Kandel sought an animal model in which such activi-

See KANDEL (P. 7, Col. 1)

Prime-Time TV Programs on Drug Abuse Win Scott Newman Prevention Awards

Three prime-time television shows which dramatized the hazards of drug abuse have won the second annual Scott Newman Drug Abuse Prevention Awards.

CBS's "WKRP in Cincinnati: Pills" and NBC's "Quincy: Bitter Pill" tied for first place in the "Prime Time, 60 Minutes or Less" category. The shows' writers, Steve Marshall (WKRP) and Sam Egan and David Chomsky (Quincy) shared a $10,000 award.

"NBC White Paper: Pleasure Drugs, The Great American High" topped the "Documentary" category, garnering a $10,000 award for writer Robert Rogers. There were no winners in the "Daytime Drama," "Prime Time, 90 Minutes or Longer" or "Children's" categories.

Both "WKRP" and "Quincy" focused on the dangers of "look-alikes" (over-the-counter products packaged to look like illicit drugs.) "NBC White Paper" examined the impact on society of the use of cocaine, quaaludes, alcohol, and other widely-abused drugs.

All three shows received assistance from NIDA in their research and development phase.

The awards are sponsored by the Scott Newman Foundation and NIDA to encourage and reward television programs which feature a drug abuse theme in a sensitive, creative, and informative manner.

See TV (P. 8, Col. 2)

U.S. Department of Health and Human Services
November 19, 1982
Vol. VIII, No. 22

• National Institute on Alcohol Abuse and Alcoholism • National Institute on Drug Abuse • National Institute on Mental Health

HE 20.8013:

NEW MEMBERS NAMED TO NIMH ADVISORY COUNCIL

Jennifer Jones Simon, Dr. Paul Fink, and Dr. Pedro Ruiz were appointed to the National Advisory Mental Health Council to fulfill 4-year terms, beginning in October 1982, reported NIMH Director Herbert Pardes at the September Council meeting.

Jennifer Jones Simon

Dr. Paul Fink

Dr. Pedro Ruiz

Simon is Chairperson of the Jennifer Jones Simon Foundation for Mental Health and Education. The former actress brings a strong consumer advocacy and long-term interest in mental health to the Council. Through her Foundation, she has collaborated with NIMH in organizing workshops on such important mental health concerns as stigma, aging, and neurobiological research. The collaboration continues with a meeting on the interactions of mind and body, to take place at NIH in December.

In addition to her Foundation work, Simon has been a member of the Commission for the Control of Huntington's Disease and the National Advisory Neurological and Communicative Disorders and Stroke Council.

Fink is Professor and Chairman, Department of Psychiatry and Human Behavior, Thomas Jefferson Medical College, and Physician-in-Chief of Psychiatry at the Thomas Jefferson University Hospital, Philadelphia.

His receipt of the Graduation Prize in Psychiatry from Temple University of Medicine in 1958 augered the recognition he would receive throughout his career for contribu-

See COUNCIL (P. 8, Col. 1)

Report: National Advisory Mental Health Council Meeting

Supplemental funds totaling $6.5 million recently received by NIMH have been applied to priority research proposals totaling $11 million which would have remained unfunded in FY 1982, reported NIMH Director Herbert Pardes at the September 21-22 meeting of the National Advisory Mental Health Council.

The supplement, described by Pardes as "critical" and an indication of Congressional support for health research, is part of a $10 million supplement received by ADAMHA.

Pardes also announced that Jennifer Jones Simon, former actress and founder of the Jennifer Jones Simon Foundation, will be among the three new members joining the Council. Others are Dr. Paul Fink, Professor and Chairman, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, and Dr. Pedro Ruiz, Professor of Psychiatry, Baylor University College of Medicine, Houston. (See story on this page).

Lorraine Torres, NIMH Associate Director for Extramural Programs, informed Council that an announcement is being prepared on the Small Business Innovation Research Program which is mandated by the Small Business Innovation Development Act of 1982.

The intent of the Act is to stimulate technological innovation, use small businesses to meet Federal research-and-development (R&D) needs, encourage minority and disadvantaged persons to take part in technological advancement, and increase innovations in private sector commercialization.

The Act requires the program to follow a uniform process with three phases: feasibility studies; further development of proposed ideas to meet particular program needs, and pursuit of commercial applications with non-Federal capital.

Agencies with extramural R&D programs in excess of $100 million in FY 1982 and thereafter are required to allocate the following minimum percentages of their extramural budget to the program— .2 percent in FY 1983; .6 percent in FY 1984; 1 percent in FY 1985; and 1.25 percent in FY 1986 and future years.

Dr. Steven Sharfstein, NIMH Associate Director for Behavioral Medicine, reported on his discussion with Social Security Administration officials concerning the review process they use to determine the eligibility of mentally disabled persons for Social Security Disability Insurance or Supplemental Security Income payments.

Since 1980, the National Mental Health Association reported 220,000 persons have lost their eligibility. Of these, 28 percent were mentally disabled, although the mentally disabled represent only 11 percent of all participants.

Several professional and advocacy groups are seeking administrative and legislative action to rectify the situation, said Sharfstein.

Dr. William Raub, Associate Director of Extramural Research and Training, NIH, informed the Council about principles and procedures that PHS is developing to "identify and deal with instances of real or apparent misconduct of scientists."

Although the number of violations is small, Raub said, the media attention given to each instance has raised questions in Congress and the general public about the integrity of science, the stewardship of Federal funds, and the ability of agencies to maintain oversight of the research process.

PHS is developing general guidelines and procedures for dealing with misconduct of scientists. Each agency also is producing guidelines and procedures to meet its particular situation.

The PHS initiative encompassing intramural, extramural, and regulated research recognizes two classes of misconduct: noncompliance of a serious nature with the terms and conditions of a research award—e.g., protection of animal subjects, regulations on research on human subjects, or guidelines for recombinant DNA research; and conduct unbecoming a scientist—e.g., falsification of research records, and misrepresentation or fabrication of research results.

The program does not cover controversial interpretations of data or "scientific piracy." Other procedures are available to deal with financial misconduct.

Raub said the following guidelines have emerged from the PHS effort: (1) Take the misconduct seriously; (2) Promptly inform awarding institutions of complaints; (3) Consider taking temporary administrative action before final judgment can be made; (4) Equitably transfer final decisions into action; and (5) Determine whether other agencies need to be informed of the action.

Raub said a list of deviant scientists currently does not exist anywhere in the Government, but serious consideration is being given to constructing a list of scientists who have been officially "debarred." NIH, however, does have an "Alert System" which informs constituent institutes about investigations in progress. Raub also noted the need for some systematic method for identifying new proposals from scientists and institutions against whom administrative actions still are in effect.

Although the NIH program does not solicit complaints or maintain a "hot line," most of the sustained complaints have originated with "whistleblowers."

A presentation on neurotransmitter receptors and their relationship to drugs and mental illness was made by Dr. Frederick Goodwin, Director, NIMH Intramural Research Program, and three IRP investigators—Drs. Candace Pert, Miles Herkenham, and Steven Paul.

The next meeting of the National Advisory Mental Health Council is December 6-7.

—Larry Rhoades, NIMH

Q&A

from page 1

treatment needs and utilization in all parts of the United States.

Henry Malin and John Noble of NIAAA's Division of Biometry and Epidemiology recently explained the ATPS operation to *ADAMHA News:*

Q: What led to the creation of ATPS?

Malin: Three years ago, John and I discovered a mutual interest in designing a product that would allow us to tie estimates of alcohol problems to estimates of needs for alcohol treatment in terms of capacity, types of settings, probable clientele, and treatment modality.

Q: What specifically sparked your interest in collaborating on the system?

Noble: We work closely with State Alcoholism Authorities (SAAs) who are responsible for administering alcohol treatment funds from the ADM block grants. SAAs also advise local health planners on issuing licenses to open new alcoholism treatment centers.

To improve their budgetary and licensing operations, SAAs had asked us for standardized data on services and needs. By providing this data, the ATPS system enables State officials to compare the treatment picture in their areas with similar areas around the country.

Q: Why are such comparisons useful?

Malin: Because they provide a way to justify alcoholism services—you can demonstrate *from a normative perspective* that a given locale has a dearth of services and it needs, say, a freestanding treatment unit. If we find that County A's data on alcohol problems resembles County B's, but A's capacity for service is below B's, we've pinpointed an area in need.

Q: What kinds of data does ATPS use?

Malin: We married three sets of routinely-collected data at the county level, which is the smallest practical area for service planning.

The first set describes actual alcohol problems in terms of two parameters: "chronic health" manifestations of alcohol use, such as cirrhosis; and the more acute "casualty" manifestations of alcohol use, such as drunk-driving highway fatalities. This information was derived from mortality data compiled by the National Center for Health Statistics and the National Highway Traffic Safety Administration.

The second set is socioeconomic data from the NIMH Mental Health Demographic Profile System—containing such variables as income, education levels, housing standards, poverty levels, and minority/ethnicity ratios—which can help predict alcohol problems.

The third set describes the number and types of existing alcoholism services and their clientele; this information comes out of the National Drug and Alcohol Treatment Utilization Survey.

Noble: Taken together, these three data sets help determine what types of treatment are best suited to a particular area, and whether those services are available. For example, an area with a high rate of chronic health problems may require more inpatient treatment units, whereas a low-income area might be better served by ambulatory care centers simply because economic constraints may make a residential setting unattractive.

Q: And this knowledge will be put to practical use?

Malin: Yes, because health care is extremely expensive. Licensing procedures help keep costs down. If an application comes in for a license to open a treatment unit in an area with sufficient services, State officials can use the ATPS standardized data to ask hard questions.

Q: Have any States put ATPS into practice?

Noble: Iowa, New Mexico, and Delaware already are using the system and are pleased with the results. Colorado, Missouri, and Utah are evaluating it now and have been extremely receptive to the approach.

Malin: In 1981, we held two 2½-day introductory seminars—one in Frederick, Md., for the Eastern States and one in Denver for the Western States. We're available to provide further technical assistance to interested States, and we anticipate a lot of interest in the wake of block grants, which force State programs to come up with concrete and defensible numbers to justify their requests before their State legislatures.

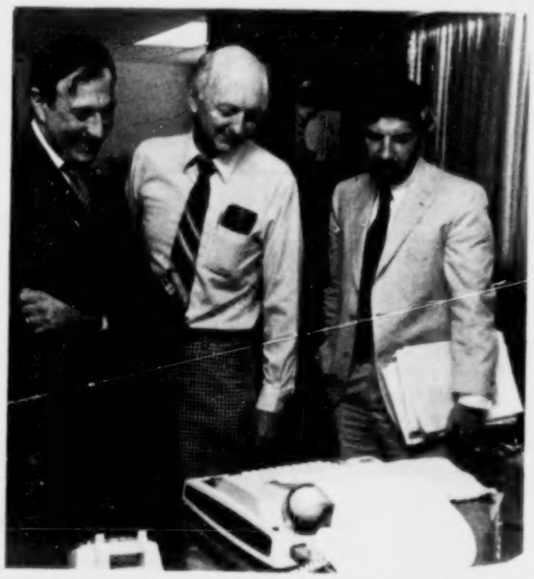
Q: Can ATPS be adapted for use in other health fields?

Malin: Definitely. NIDA is studying the system to see how they can use this approach to estimate the need for drug abuse services at the local level. We expect this to have application beyond the alcoholism field, and we intend to update our statistics regularly to ensure ATPS's usefulness.

Noble: We also are working very hard to disseminate this information. ATPS is a good example of "technology transfer." It's a technological product developed through a research enterprise of the Federal Government for the use of State and local programs. In the past year, we've made presentations to the National Association of State Alcohol and Drug Abuse Directors and the Alcohol and Drug Problems Association of North America. Their reactions were very favorable.

—K.C., ADAMHA

NEW ADAMHA DATA COMMITTEE: FOCUS ON INSTITUTES' COMMON GOALS



Robert Trachtenberg, ADAMHA, with Loran Archer and Dr. Charles Kaelber, NIAAA, watch new epidemiology computer search.

NIAAA's Alcohol Treatment Profile System was demonstrated at a recent meeting of the ADAMHA Statistical/Epidemiological Data Policy Committee.

The Committee was formed early this year to oversee ADAMHA's national leadership role in tracking the country's ADM problems and services. It coordinates the Institutes' data collection activities (which often have common goals) to make the best use of agency resources. It also promotes mutual epidemiologic activities with other Federal agencies and other countries.

Several coordinated projects were reviewed at an October 19 committee meeting, which featured a demonstration of the ATPS computer search process by Dr. Robert Wilson of the University of Delaware.

Also reviewed were:

- A Memorandum of Understanding signed by ADAMHA and the Centers for Disease Control September 8 to establish a working relationship between the two health agencies.

See DATA (P. 8, Col. 2)

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-William Mayer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman Associate Administrator for Communications and Public Affairs ADAMHA Office of Communications and Public Affairs

Editor Kate Callen Photography Nilo Olin Institute contacts NIAAA-Brenda Hewitt, 443-4883 NIDA-Susan Lachter, 443-1124 NIMH-Marilyn Sargent, 443-4536 Saint Elizabeths Hospital Don Coyle, 574-7034 Published biweekly by the Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events

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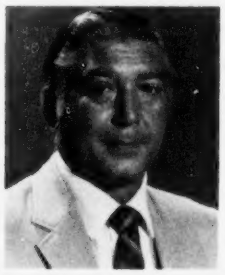
ADAMHA News invites comments. Phone (301) 443-3703 or write to: OCPA, Room 12C-15, 5600 Fishers Lane, Rockville, Md. 20857.

ADAMHA HONOR AWARDS

The Administrator's Award for Meritorious Achievement is presented each year in recognition of meritorious achievement and contributions of an extraordinary nature by an employee or group of employees of ADAMHA.



Henry Arista

Chief
Contracts Management Branch
Office of Planning and Resource Management
National Institute on Alcohol Abuse and Alcoholism

"For outstanding leadership, dedication and service as Chief of the Contracts Management Branch, NIAAA."

Susan M. Doenhoefer

Social Science Technician
Division of Mental Health Service Programs
National Institute of Mental Health

"For outstanding performance, dedication, and resourcefulness, in the Division of Mental Health Service Programs, NIMH."

Darlene R. Gerwitz

Budget Analyst
Financial Management Branch
National Institute of Mental Health

"For excellence in job performance in FY 1981 and FY 1982, enabling the NIMH to continue operations in the face of unprecedented fiscal circumstances."

Miles Herkenham, Ph.D.

Research Psychologist
Laboratory of Neurophysiology
Intramural Research Program
National Institute of Mental Health

"For sustained high quality research and for creativity in developing new anatomical techniques to elucidate dynamic brain structure."

Judith Katz-Leavy

Public Health Analyst
Division of Mental Health Service Programs
National Institute of Mental Health

"For persistent dedication to improving the quality and accessibility of mental health services for severely disturbed children and youth."

Systems Design Team
Division of Data and Information Development
National Institute on Drug Abuse

Melvin L. Bolt
Robert G. Childs
Glorianne E. Fahs
Joselle B. Gatrell
Shelley S. Miller
Donat E. Robitaille
Sidford F. Sand
Betsy S. Slay

"For extraordinary contributions and superior achievement in developing DAWN Systems Design Specifications."

Richard T. Kopanda

Budget Officer
Division of Financial Management
Office of the Administrator

"For outstanding performance in the development, presentation, and knowledge of the ADAMHA budget."

Barry D. Lebowitz, Ph.D.

Health Scientist Administrator
Center for Studies of the Mental Health of the Aging
Division of Special Mental Health Programs
National Institute of Mental Health

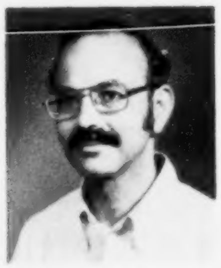
"For outstanding leadership and performance in administering and promoting exemplary research on mental health and aging."

Ben Z. Locke, M.S.P.H.

Chief
Center for Epidemiologic Studies
Division of Biometry and Epidemiology
National Institute of Mental Health

"For breadth of vision, and research and managerial excellence, in the field of psychiatric epidemiology."

Administrator's Award for Meritorious Achievement (cont'd)



Sanford P. Markey, Ph.D.

Chief
Unit on Pharmacological Applications of Mass Spectrometry
Laboratory of Clinical Science
Intramural Research Program
National Institute of Mental Health

"For sustained high quality research on biomedical applications of mass spectrometry and use of heavy isotopes in clinical research."

Thelma Mayberry, R.N.

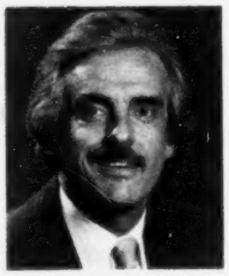
Supervisory Psychiatric Nurse
Area D Community Mental Health Center
Saint Elizabeths Hospital
National Institute of Mental Health

"For outstanding and highly effective leadership in the provision of nursing services."

David Pearl, Ph.D.

Chief
Behavioral Sciences Research Branch
Division of Extramural Research Programs
National Institute of Mental Health

"For outstanding leadership toward better public and scientific understanding of the effects of television on behavior."



Bruce L. Ringler

Chief
Grants Management Branch
Office of Program Support
National Institute of Mental Health

"For outstanding leadership in administering the NIMH Grants Management Branch, toward the improvement of mental health programs."

Maura M. Rodriguez, M.D.

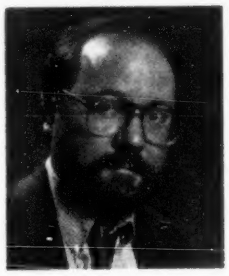
Director
Youth Programs Branch
Area D Community Mental Health Center
Saint Elizabeths Hospital
National Institute of Mental Health

"For exceptional performance in developing and implementing outpatient programs for children, adolescents and families served by the Area D CMHC and Saint Elizabeths Hospital."

Saleem A. Shah, Ph.D.

Chief
Center for Studies of Crime and Delinquency
Division of Special Mental Health Programs
National Institute of Mental Health

"For outstanding leadership and exceptional performance in the area of law and mental health."



Paul Sirovatka

Technical Publications Writer
Mental Health Science Reports Branch
Division of Scientific and Public Information
National Institute of Mental Health

"For unstinting demonstration of talent, creativity, and devotion in communicating mental health information to the American public."

Frank J. Sullivan, Ph.D.

Director
Office of Extramural Project Review
National Institute of Mental Health

"For leadership and outstanding performance and dedication in directing the activities of the Office of Extramural Project Review, NIMH."

Jeanne G. Trumble, M.S.W.

Acting Chief
Human Resources Branch
Division of Alcoholism Services Development
National Institute on Alcohol Abuse and Alcoholism

"For outstanding accomplishments in improving the quality of alcohol medical education activities."

James F. Vaughan

Assistant Director for Extramural Programs
Office of Extramural Policy and Project Review
National Institute on Alcohol Abuse and Alcoholism

"For exemplary service in planning, coordinating and directing the review of Alcohol Research Center grant applications, 1981-1982."

Administrator's Award for Meritorious Achievement

Marlene Whitlock Lois Davids
Helen Mahon Rosaline Shannon

Executive Secretariat, NIMH
Office of the Director
National Institute of Mental Health

"For sustained superior effort and numerous accomplishments during the years 1980-1982."

The H.O.P.E. Program
Richardson Division
Saint Elizabeths Hospital
National Institute of Mental Health

"For Helping Older People Effectively by maintaining a sustained interdisciplinary effort in giving optimal care."

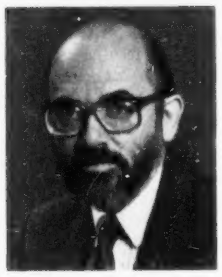
Barbara Antrum, P.N.A.
Sally Banks, P.N.A.
Marjorie Boyd, P.N.A.
Dorothea Brown, P.N.
Mildred Brown, P.N.A.
Susan Brown, P.N.A.
Geraldine Buie, P.N.A.
Helen Campbell
Betty Chapman, R.N.
Arthur C. Crumartie, A.C.S.W.
John Cruse, T.R.S.
Theresa Cunningham
Shirley Dixon, R.N.
Mary Fleming, P.N.A.
Consuella Fox, P.N.A., L.P.N.
Berneis Green, G.C.
Joyce Hamer, P.N.A.
Frank Hamilton
Margaret Harris, P.N.A.
Juanita Hart, P.N.A.
Doris Henderson, R.N.
Herschel Johnson, P.N.A.
Barbara Jones, R.N.
Brenda Lee, S.S.R.
Patsy Lewis, P.N.A.
Joylette Lloyd, M.S.W.
Virginia Lowery, P.N.A.
Wayne Mathis
Mamie McKissic, P.N.A.
Betty Morris, P.N.A.
Lorraine Nickens
Elsie Palmer, R.N.
Anne Pas, O.T.R.
Sharon Perry, P.N.A.
Frances Robey, R.N.
Ecar Rosero, M.D.
John Schmidt, Ph.D.
Mary Ann Smith, R.D.
Velma Sneed, P.N.A., L.P.N.
Donn Tippett, M.D.
Beverly Watson, P.N.A.
Frances Wood, P.N.A.
Ann Yates, R.N.

ADMINISTRATOR'S AWARD
For Equal Employment Opportunity Achievement

Lois Chatham, Ph.D.

Acting Director
Division of Extramural Research Programs
National Institute on Alcohol Abuse and Alcoholism

"For untiring efforts at promoting the goals of equal employment opportunity in ADAMHA."



Barry S. Brown, Ph.D.

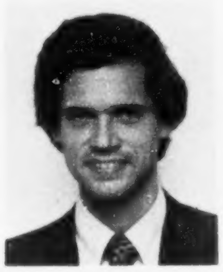
Chief
Treatment Research and Assessment Branch
Division of Prevention and Treatment Development
National Institute on Drug Abuse

"For exemplary and sustained leadership in promoting equal employment opportunity in Federal service."

COMMISSIONED CORPS AWARDS

Commendation Medal

This Medal is awarded to Commissioned Corps Officers for sustained high quality work performance such as a significant contribution to an outstanding research or operational project, a single courageous act in line of unusual duty, or a continuing period of excellent service.



Jack D. Burke, Jr., M.D., M.P.H.

Associate Director for Research
Office of the Director
Division of Biometry and Epidemiology
National Institute of Mental Health

"For exceptional performance in advancing the conceptual and methodological development of NIMH mental health clinical services research."

William J. Gregory

Acting Director
Division of State and Community Assistance
National Institute on Alcohol Abuse and Alcoholism

"For sustained high quality performance as a supervisor in the Division of Special Treatment and Rehabilitation, NIAAA."

Gordon Seidenberg, M.P.A., M.P.H.

Assistant Director for Program Planning, Analysis and Management
Division of Biometry and Epidemiology
Office of the Director
National Institute of Mental Health

"For outstanding administration of the policy, management, and fiscal aspects of a major research program."

PHS Plaque

This Plaque is awarded to Commissioned Corps Officers for recognition of noteworthy accomplishments of officers in the performance of duty.

Lemuel B. Clark, M.D.

Acting Branch Chief
Division of Mental Health Service Programs
National Institute of Mental Health

"For superb leadership, responsiveness, and clear concept of objectives during a period of limited resources and changing national priorities."

Outstanding Service Medal

This Medal is awarded to Commissioned Corps Officers who have either demonstrated outstanding continuous leadership in carrying out the mission of PHS; or have performed a single accomplishment which has had a major effect on the health of the nation; or have performed a heroic act resulting in the preservation of health or property.

Robert F. Clarke

Program Chief for Mental Health Literature Support
Mental Health Study Center
Division of Mental Health Service Programs
National Institute of Mental Health

"For an outstanding 18-year PHS career in the national dissemination of health information, and for career-long contributions to the field of medical bibliography."

J. Christian Gillin, M.D.

Deputy Laboratory Chief
Adult Psychiatry Branch
Division of Special Mental Health Research
Intramural Research Program
National Institute of Mental Health

"For outstanding leadership ability and highly significant findings in the study of human sleep, schizophrenia and the biochemistry of memory."

Carl G. Leukefeld, D.S.W.

Acting Director
Division of Prevention and Treatment Development
National Institute on Drug Abuse

"For planning and implementing change under unusually difficult circumstances, and for dedicated and effective leadership within NIDA from July 1979 through December 1981."

ADAMHA Recipients of Other Major Awards

- HHS DISTINGUISHED SERVICE AWARD: Roger W. Olian, St. E's; Erminio Costa, M.D., NIMH
- HHS VOLUNTEER AWARD: Vivian L. Smith, St. E's
- COMMISSIONED CORPS MERITORIOUS SERVICE MEDAL: Darrel A. Regier, M.D., NIMH; David M. Neville, Jr., M.D., NIMH
- CAREER TEACHERS AND ASSOCIATION OF MEDICAL EDUCATION AND RESEARCH IN SUBSTANCE ABUSE (AMERSA) AWARD, STATE UNIVERSITY OF N.Y.: Jeanne G. Trumble, NIAAA
- FELLOW, AMERICAN ACADEMY OF ARTS AND SCIENCES: Giulio L. Cantoni, M.D., NIMH; Louis Sokoloff, M.D., NIMH
- MEMBER, NATIONAL ACADEMY OF SCIENCES: Erminio Costa, M.D., NIMH
- STANLEY R. DEAN RESEARCH AWARD: Richard Wyatt, M.D., NIMH
- A.E. BENNETT NEUROPSYCHIATRIC RESEARCH FOUNDATION AWARD: Martin Cohen, M.D., NIMH; Robert Cohen, M.D., Ph.D., NIMH; Dieter Naber, M.D., NIMH; David Pickar, M.D., NIMH
- UNIVERSITY OF MINNESOTA OUTSTANDING ACHIEVEMENT AWARD: Marian R. Yarrow, Ph.D., NIMH

KANDEL

from page 1

ties are accessible to examination and study. He turned to the marine snail *Aplysia* because it has a relatively uncomplicated nervous system.

Quick to point to the dangers of making inferences about human functioning based on animal models, the scientist nevertheless said, "Much to the surprise of my colleagues and myself, we found that even simple animals, such as the Aplysia, manifest behavioral changes that by inference resemble anxiety and that can be used as a model of anxiety in higher forms."

Specifically, Kandel found that the Aplysia could be conditioned to take protective action (e.g., to withdraw its gills) when presented with a benign stimulus. Further, he and his colleagues were able to track the biochemical steps taking place within the snail's nervous system during the conditioning process.

"A noxious stimulus [shock] to the head activates a group of cells . . . that use serotonin, a biogenic amine, as their chemical transmitter. This group of serotonergic cells acts as a defensive arousal system. The cells impinge on the synaptic terminals of the sensory neurons of the reflex system for gill withdrawal, and they amplify the strength of the connection that these sensory synapses make onto the motor neurons and interneurons," he explained.

Kandel reported that he and his fellow researchers have experimentally manipulated the biochemical cascade that occurs during conditioning (sensitization) and described it in detail, right down to a single cell.

"There now is compelling evidence that the facilitating cells are serotonergic, that serotonin increases the level of cyclic AMP in individual sensory cells, that cyclic AMP activates the protein kinase, and that kinase activation leads to closing of a certain species of potassium channel.

"We have been able to take the analysis of a form of anxiety from the behavior of the intact animal to the neural circuit of the behavior, and further to some of the critical cells involved," he reported. "Within these critical cells, we localized the change to a particular component of the neuron, the presynaptic terminals, and demonstrated that the expression of anxiety involves enhancement of transmitter release."

Having found the biochemical sequence involved in the snail's learning of "anxiety," Kandel hypothesized that such biochemical activity may produce structural changes in its nervous system. In fact, a comparison of the nervous system of conditioned and unconditioned animals by Drs. Craig Bailey and Mary Chen support this contention. "They found more and larger *active zones*—specialized regions of the sensory neurons where neurotransmitter is released—in sensitized animals," he stated.

The next challenge tackled by Kandel and his colleagues is the possible genetic regulation of such structural changes. After all, Kandel pointed out, some behaviors related to anxiety, such as protective reflexes which seem to be present at birth, appear to be genetically produced adaptive mechanisms that enhance species survival.

Although they do not yet have the answers, said Kandel, his co-researcher, Dr. James Schwartz, has developed a molecular genetic model for the maintenance of anxiety.

"Serotonin, acting repeatedly on the terminals of the sensory neuron as a result of repeated aversive stimulation, might activate a gene able to produce a novel class of regulatory subunit for the protein kinase. The specific inducer that activates the gene for the regulatory subunit might be cyclic AMP.

"Activation of a gene for a new class of subunit could be permanent, or it could slowly decay if not reinforced by subsequent aversive training."

In his wide-ranging discussion of anxiety and how it is learned, Kandel speculated that psychotherapies also may derive their efficacy from "the power of experience to modify brain function." Just as the learning of anxiety may produce structural changes in the brain, learning produced by therapy may do likewise.

The next decade of research on learning, he concluded, will bring "a merger between aspects of molecular genetics and cellular neurobiology. This merger, in turn, will have important consequences for psychiatry—for psychotherapy on one hand and for psychopharmacology on the other."

—Marilyn Sargent, NIMH

COUNCIL *from page 2*

tions to psychiatry. He is a Fellow of the American College of Psychiatrists and the American Psychiatric Association, and in 1982 received the Vestermark Award from the APA.

His special interest in education won him the Lindback Award for Excellence in Teaching in 1970 and led him to serve on the Curriculum Committee of Hahnemann Medical College, Philadelphia. He assisted in organizing the nursing curriculum and in establishing a School of Continuing Education at Hahnemann.

Fink has served on the editorial boards of five professional journals and holds membership in numerous organizations. At present, he is an Associate Examiner for the American Board of Psychiatry and Neurology.

Ruiz is Professor of Psychiatry, College of Medicine, Baylor University, Houston, and presently a Visiting Professor at the Department of Psychiatry at Albert Einstein College of Medicine in New York.

A fellow of the American Psychiatric Association, the American Orthopsychiatric Association, the American Association for Social Psychiatry, and the American College of Mental Health Administration, Ruiz also holds membership in several other professional organizations and serves on the editorial board of the *Journal of Psychiatric Treatment and Evaluation.*

He has provided consultant services to ADAMHA in a number of capacities, including the NIMH Center for Minority Group Mental Health, the NIMH Psychiatry Education Review Committee, and the NIAAA Community Alcoholism Services Review Committee.

—Marilyn Sargent, NIMH

DATA *from page 3*

- A U.S./Israel Second Binational Symposium which will focus on the incidence in both countries of childhood disorders and chronic adult disorders, and on the two countries' allocation of health resources.
- An ADAMHA contract with the National Association of State Alcohol and Drug Abuse Directors to explore the feasibility of developing a national voluntary data system. This would provide a basis for a Federal/State information exchange of ADM treatment data.
- A study of the automated data processing needs of all ADAMHA units.

The committee is chaired by ADAMHA Deputy Administrator Robert Trachtenberg. Its members include the three Institute Deputy Directors—Loran Archer (NIAAA), James Lawrence (NIDA), and Larry Silver (NIMH)—and the heads of Institute epidemiology data collection programs—Dr. Charles Kaelber (NIAAA), Neil Sampson (NIDA), and Dr. Darrel Regier (NIMH). Helen Cesari, ADAMHA's Data Coordinator, is the executive secretary.

NIMH CLEARINGHOUSE PHASING OUT

NIMH has announced that it will no longer update the computer files of the National Clearinghouse for Mental Health Information (NCMHI).

In making the announcement, Dr. Herbert Pardes, NIMH Director, said, "The National Clearinghouse for Mental Health Information has a 20-year history of providing information to the mental health community. The Clearinghouse was established to meet the demand that existed in information transfer. Now, that need will be met by private industry and other organizations. This decision was made in the interest of sound fiscal policy."

In the future, persons requesting literature searches will use existing data bases such as the National Library of Medicine or sources in the private sector.

TV *from page 1*

The Foundation was established in 1979 in memory of Scott Newman, son of actor Paul Newman, who died from a combination of drugs and alcohol on November 20, 1978 at the age of 28. Its expressed aim is "to increase public awareness of drugs and their potential hazards so that such needless tragedies can be prevented in the future."

The award winners were selected on the basis of originality, presentation, content, and factual accuracy. The judging panel included television and movie industry representatives, drug abuse experts, leaders of the national parents' movement, and teenagers. The balloting was monitored by Price-Waterhouse for the Accountants for the Public Interest. ABC donated its facilities for the judging.

Organizations represented on the Awards Committee are the Academy of Television Arts and Sciences, the Writers' Guild of America, the National Academy of Television Arts and Sciences, ABC, and NBC.

At the awards ceremony held November 19 in Los Angeles, the writers of the three shows received their cash prizes, and the respective producers, directors, and networks were presented with commemorative sculptures.

STAFF NEWS

Ragsdale Is New Women's Program Chief

Dorothy Ragsdale

Dorothy Ragsdale has been appointed ADAMHA Federal Women's Program (FWP) Manager by Administrator William Mayer.

The major objectives of her new position are to: identify employment problems and barriers to career advancement for women staffers; seek solutions to such problems and remove such barriers; and assist managers in fulfilling their EEO responsibilities and goals.

Formerly with the NIDA Prevention Branch, Ragsdale is a graduate of the Department-wide Management Intern Program. She has been an active member of the ADAMHA Women's Council for several years and has served as an EEO Counselor and a member of the ADAMHA Personnel Advisory Committee.

In announcing her selection, Mayer stated, "This appointment reaffirms the agency's commitment to ensuring equal opportunities for career advancement for ADAMHA women."

Ragsdale says she particularly wants to create helping networks among female employees and greater resources for career advancement for all women in the agency.

"ADAMHA women are a diverse group," she points out. "We range in age from the teens to the 60s, in education from high school to doctorate degrees, in grade level from GS-3 to SES. We need a variety of activities to serve this diverse workforce."

The new FWP manager is eager to hear from ADAMHA women about their concerns and interests. She can be reached at Room 12C-05 of the Parklawn Building or by telephone at 443-4447.

CFC
COMBINED FEDERAL CAMPAIGN
OF THE NATIONAL CAPITAL AREA

8/23

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH

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Mayer Sees Emerging New Profession—Alcohol/Drug Abuse Medical Educators

A new profession of "medical educator in substance abuse" is emerging to help meet the challenges facing the Nation today in preventing and treating alcohol and drug abuse, ADAMHA Administrator William Mayer said November 17 in a San Francisco address before a conference jointly sponsored by the Association for Medical Education and Research in Substance Abuse (AMERSA) and the World Health Organization.

"I suggest that the knowledge, experience, and progress we have already gained has prepared the field for creation of an entirely new profession in medicine," he said, even though many questions remain unanswered in the alcohol and drug abuse fields.

"The fact is that the medical educators in alcohol and drug abuse convened here today have already laid the foundation for a new profession by the pragmatic approaches you have taken," Mayer said, referring to the members of AMERSA, most of whom have received support for their training through the Career Teachers programs of NIAAA and NIDA.

"The pioneering work many of you have undertaken individually must now become an organized and formalized part of medical education," he asserted.

Mayer cited the following accomplishments as providing the elements of the new profession:

- A group of experts has been formed whose principal concern is translating research and clinical findings into drug and alcohol education for students and practitioners. Mayer said this development is an outgrowth of a unique partnership among the Federal Government, AMERSA, medical researchers in the United States, clinicians, and educators.
- A formal body of knowledge and literature has been developed by translating research and clinical findings into curricula, journal publications, and monographs. "Curriculum objectives have been published for developing programs about drugs and alcohol in all areas of medicines: a series of clin-

See EDUCATION (P. 2, Col. 1)

U.S. Department of Health and Human Services
December 3, 1982
Vol. VIII
No. 23

Dr. George Spivack; Dr. Stephen Goldston, NIMH; Jane Steinburg, NIMH; Dr. Kathryn Healey

New Prevention Method Teaches Children How To Solve Problems On Their Own

> ***"If educators and clinicians have assumed that relieving emotional tension paves the way for one to think straight, our research supports the reverse idea—that ability to think straight can pave the way for emotional relief."***
> ***—George Spivack and Myrna Shure***

Thanks to a unique prevention approach developed by two NIMH grantees, Drs. Myrna Shure and George Spivack of Hahnemann University, children as young as 4 and 5 years of age are learning how to come up with solutions to everyday personal problems independently.

"We have reason to believe that children who learn the Interpersonal Cognitive Problem-Solving (ICPS) approach will think for themselves, and be better adjusted than those who have not learned this method," said Spivack in an interview with *ADAMHA News*.

Researchers and practitioners of this unique approach met recently in a research planning workshop jointly sponsored by the NIMH Office of Prevention and the Prevention Research Branch and Hahnemann University.

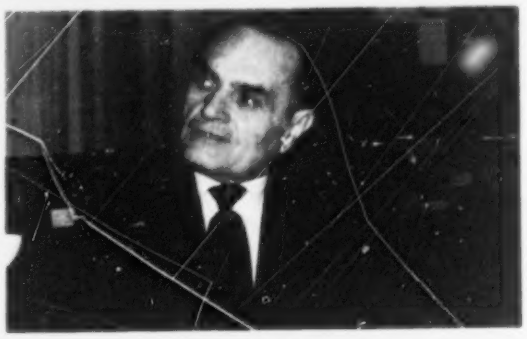
The ICPS approach is not a reflection of a child's IQ, and is not concerned with *what* one thinks. Instead, the emphasis is on *how* one thinks. Children are taught a set of mediating skills "that define one's capacity to think through and solve interpersonal problems."

See PREVENTION (P. 4, Col. 1)

REPORTED DECLINE IN DRUG USE CAN BREED 'DANGEROUS' COMPLACENCY

"Good news can be dangerous," warned Dr. William Pollin, NIDA's Director, before a large audience of the Nation's pediatricians at the annual meeting of the American Academy of Pediatrics October 27 in New York City.

"The danger," Pollin warned, "is that as the public becomes aware that some drug use has peaked and has started to go down, we may resume the posture of American medicine of 15 years ago: that of ignoring the problem, which would be a tragic consequence."



Dr. William Pollin

Although daily use of marijuana has decreased almost one-third among seniors since 1978, as reported in NIDA's annual high school survey, drug use by young people still is believed to be higher in America than in any developed country. "Any drug abuse, especially among the youth of this country, still is unacceptable," Pollin emphasized.

Furthermore, American adolescents will continue to suffer serious consequences from extensive recreational drug use and

See DRUGS (P. 7, Col. 2)

• National Institute on Alcohol Abuse and Alcoholism • National Institute on Drug Abuse • National Institute of Mental Health

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EDUCATION

from page 1

ical and teaching monographs has been produced concerning diagnosis and treatment of alcohol and drug disorders; and curriculum guides and outlines are to be made available for teaching about drugs and alcohol in psychiatry, pediatrics, pharmacology, the behavioral sciences, nursing, psychology, and social work," Mayer pointed out.

- Teaching programs and mechanisms have been formalized. "Another premise for my proposal," the Administrator said, "is that AMERSA has already made explicit and formal not only its own organization, but also the roles, knowledge, and ways to teach about drugs and alcohol. You have developed several models and applied them in teaching undergraduates, residents and house staff, and practitioners." Mayer also cited AMERSA's close work with various medical associations and societies.
- Evaluation and assessment of substance abuse knowledge have been formalized. "Extremely important to the creation of any new profession is development of standard examinations," Mayer said. "This has been accomplished in drug and alcohol abuse with the National Board of Medical Examiners (NBME)."

In fact, Mayer saw the establishment by NBME of a special Task Force on Evaluation of Medical Education in Drugs and Alcohol as a "breakthrough," resulting from years of effort between NIDA and the Board.

"A comprehensive cross-disciplinary examination in drugs and alcohol is now under development by the Board for use in U.S. medical schools, and similar work with many of the medical specialty boards is underway."

A further important development is current discussion with specialty boards concerning establishment of procedures for Board Certification of physicians in alcohol and drug abuse. "Such an eventuality would add the final ingredient—that of a subspecialty—to creation of a new profession of medical educator in substance abuse."

In the AMERSA-WHO address, Mayer grouped the many unanswered questions about alcohol and drug abuse into three categories: those relating to education on alcohol and drug abuse, those relating to service delivery, and basic research questions.

At the educational level, the Administrator said, opinions still differ about many issues related to how alcohol and drug information can best be delivered within educational systems at undergraduate, graduate, and continuing education levels.

However, "our experience sheds light on other questions," he said. "For example, we find that responsibility for alcohol and drug abuse education must be shared among a university's various departments. We also have found that such information must be repeated and reinforced both didactically and clinically, and that instruction must begin very early in the academic experience."

"Furthermore, due to the rapid growth of scientific knowledge, we know that alcohol/drug instruction must continue through continuing education courses for educators themselves, so that they can remain abreast of new developments."

Mayer told the audience that it is "of extreme importance for 'teachers' and 'students' themselves to believe that patients with alcohol and drug problems CAN be treated and CAN recover."

Treatment questions still needing answers, the Administrator said, include "What types of treatment are most effective for which population groups? How can access to care be improved? and What is the role of the physician in preventing problems associated with use of alcohol and drugs?"

"As our modern society undergoes its daily battle—and deadly fascination—with the abuse of chemical substances, it turns to the health practitioner to recognize, diagnose, and treat the problems," Mayer said. "Indeed, if we are looked to for cure, we also are summoned to help *prevent* the sequelae of alcohol and drug abuse. How to do this effectively is the most baffling question of all."

Among the many basic research questions are the need for refinements in diagnostic criteria, for more solid epidemiological data, and for answers to a range of biochemical, neuropharmacological, and psychosocial questions, Mayer said.

"It also is paramount to learn how to intervene in the development of alcohol and drug problems," Mayer said, "especially with young people, so that premature and unnecessary waste of lives may be prevented."

NIAAA and NIDA also were co-sponsors of the AMERSA-WHO meeting.

—James Helsing, ADAMHA

WE DID IT! ADAMHA LEADS CFC CAMPAIGN

As contributions continue to roll in, ADAMHA Administrator William Mayer reports that the agency has reached 109 percent of its goal of $51,000. ADAMHA now leads all other PHS agencies. The Combined Federal Campaign has been extended 3 weeks until December 10. All Federal employees who have not yet contributed to this area public service effort are urged to do so.

FORMER NIMH DIRECTOR TAKES HAHNEMANN POST

Dr. Bertram Brown

Dr. Bertram Brown, NIMH Director from June 1970 to January 1978, has been appointed President of Hahnemann University, Philadelphia. He will assume his duties February 1 after completing his present activities as the first recipient of the Robert Lee Sutherland Chair in Mental Health and Social Policy at the School of Social Work, University of Texas at Austin.

Brown joined NIMH in 1960 as a staff psychiatrist with the Mental Health Study Center. He held various positions in the Institute before becoming Director in 1970.

After leaving the Institute, he was a Fellow at the Woodrow Wilson International Center of the Smithsonian Institution, then senior psychiatrist with the Rand Corporation in Santa Monica, Calif. He was serving as a health care consultant in Washington, D.C. at the time of his Hahnemann appointment.

During his years with NIMH, Brown undertook many special assignments—Special Assistant to the President for Mental Retardation, Special Assistant to the HEW Secretary for Drug Abuse Prevention, President's Commission on the Administration of Law Enforcement and Justice, and many others.

K. Patrick Okura, former NIMH Assistant Director for International Programs, will be the Washington representative of the President of Hahemann University.

—Myrle Kahn, NIMH

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-William Mayer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs   ADAMHA Office of Communications and Public Affairs

Editor, Kate Callen Photography, Nilo Olin Institute contacts NIAAA-Brenda Hewitt, 443-4883, NIDA-Susan Lachter, 443-1124 NIMH-Marilyn Sargent, 443-4536 Saint Elizabeths Hospital-Don Coyle, 574-7034 Published biweekly by the Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events

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New Monograph Series Aids Development of Alcohol/Drug Courses For Medical Students

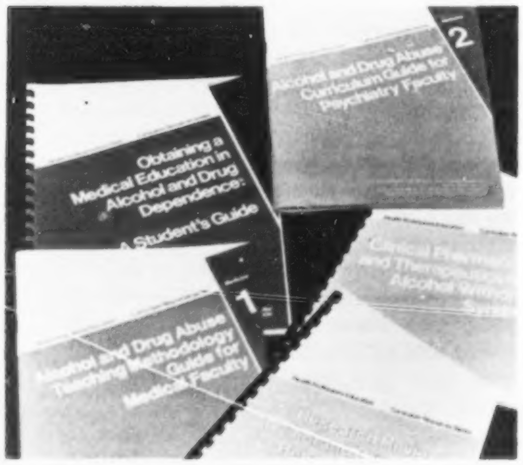
A series of five monographs specifically designed to aid in the development of alcohol and drug education courses in medical schools is now available through the National Clearinghouse for Alcohol Information.

The "Health Professions Education-Curriculum Resources Series" was produced through NIAAA's and NIDA's Career Teacher programs to review a variety of issues, including research, treatment, prevention, and early intervention. Each monograph represents the experience of physician-educators over the last decade, and includes the most effective techniques now known for dealing with the alcoholic patient.

The following excerpt from the fifth monograph summarizes the philosophy of the new series:

"Alcoholism and drug dependence are not hopeless illnesses; chemically dependent persons can and do recover. One of our missions as medical educators is to cultivate in students a sense of hope and optimism toward persons who are harmfully involved with chemicals so that, as practitioners, they may convey the same hope and optimism to addicted patients.

"Further, medical students must understand the meaning of intervention, know when and how to confront a patient about drug-taking behavior, and know how to treat the problem and make appropriate referrals for followup care."


2
Alcohol and Drug Abuse Curriculum Guide for Psychiatry Faculty
Obtaining a Medical Education in Alcohol and Drug Dependence: A Student's Guide
1
Alcohol and Drug Abuse Teaching Methodology Guide for Medical Faculty

The five monographs are entitled:

"Research Review of Alcohol and Drug Abuse for Behavioral Sciences Faculty"

"Obtaining a Medical Education in Alcohol and Drug Dependence—A Student's Guide"

"Clinical Pharmacology and Therapeutics of the Alcohol Withdrawal Syndrome"

"Alcohol and Drug Abuse Curriculum Guide for Psychiatry Faculty"

"Alcohol and Drug Abuse Teaching Methodology Guide for Medical Faculty"

Copies may be obtained by writing the Clearinghouse at P.O. Box 2345, Rockville, MD 20852, or telephoning (301) 468-2600.

—Walter Clark, ADAMHA

RESEARCHER TRACES ALZHEIMER'S DISEASE EIGHT GENERATIONS BACK IN ONE FAMILY

Dr. Linda Nee

Alzheimer's Disease has been traced back eight generations in one family by an NIMH researcher, Linda Nee, M.S.W., with the Laboratory of Clinical Science, Intramural Research Program.

Alzheimer's is a central nervous system disorder characterized by progressive dementia. Beginning with occasional memory loss and disorientation, the Alzheimer's victim progressively worsens, developing difficulty with even well-learned activities such as walking, until he or she requires total care.

The mean length of the illness from onset until death is 6 years, said Nee in a recent interview, although some people die within 2 years, and others have been known to live as long as 24 years. Age range for onset of the disease in the NIMH study was between 44 and 64.

Several theories have been postulated about the cause of Alzheimer's, but findings still are inconclusive. One postmortem study revealed excessive concentrations of aluminum in senile brains; another found abnormalities in cholinergic neurons. NIMH scientists seeking clues to brain-cell degeneration by looking at skin cells have found that in the case of Alzheimer's, the body loses its ability to repair itself. Whatever the cause, nerve cells die sooner than would be expected in the normal aging process, said Nee.

> ***"Nee was able to trace the family origins to 1763 and determine that the disease affected 51 members to date."***

Sometimes Alzheimer's occurs in families, such as the one studied by Nee and her colleagues, indicating a possible genetic factor. In other cases, it occurs sporadically; no family history can be found.

Alzheimer's has become the latest diagnostic label for senility, Nee remarked. Anyone who has had insidious loss of memory lasting longer than a year without an identifiable precipitating cause, such as a stroke or metabolic disorder, is now diagnosed as having Alzheimer's. "Previously, they might have been diagnosed as having hardening of the arteries," she explained.

Nee first got involved in the Alzheimer's family study in 1977, when three sisters and a brother from Canada were referred to NIMH. Two of the sisters and their brother were diagnosed as having Alzheimer's. Eventually, as interest in the study grew, 51 relatives came to NIMH for tests.

With the help of family members "who were so cooperative, they must carry a niceness gene," commented Nee, she was able to trace the ancestry of 531 members from among several thousands who were brought to her attention through interviews or documents.

In addition to diaries and letters, Nee had access to local historical records and family interviews during her stay with the family last spring. She was able to trace the family origins back to 1763 and to the Northumberland section of England.

She also found that other Alzheimer's victims from the local Canadian community, who had no knowledge of kinship with the family under study, did indeed share a relative in past generations.

Many of Nee's findings were reinforced by a book, sent by a family member, that recorded family births, deaths, marriages, and divorces dating back to 1837, the date of their emigration to Canada.

Using age of death and symptom history as criteria, Nee traced the Alzheimer's to the husband of the woman who had emigrated from England, and determined that the disease affected 51 members to date. "Those who lived to 65 without symptoms were considered free of the familial disorder," explained Nee. "This will be the largest family reported in the literature."

Nee also has published pedigree research on Tourette Syndrome and is now looking at families with Parkinson's Disease.

Pedigree studies can help families understand their problems, said Nee, pointing out that at one time, some relatives in the Alzheimer's study were thought to be schizophrenic or to have Huntington's Disease.

Although Alzheimer's remains irreversible and untreatable, Nee expressed hope for the future. "New research technology will eventually lead to treatments," she said.

A report of Nee's study, carried out with colleagues Dr. Ronald Polinsky, Dr. Roswell Eldridge, Dr. Herbert Weingartner, Sheila Smallberg, and Dr. Michael Ebert, will appear in *Archives of Neurology* within the next few months.

—Marilyn Sargent, NIMH

PREVENTION

from page 1

One ICPS skill involves teaching younsters to think up alternative solutions to such problems. This is akin to brainstorming in that the child is taught to think in terms of options: "I could do this or that, or I could even do that. . .'

For example, said Shure, a 4-year-old who wants another child's toy might hit and attempt to grab the toy. If the attempt fails and the slap is returned, the provoking child might give up in frustration or remain angry at the child with the toy. But a 4-year-old who has learned the ICPS skill might think of a number of alternatives and choose one, e.g., "Maybe if I give him a candy bar, he'll give me the toy."

A second ICPS skill teaches youngsters to consider the consequences of their social actions in terms of the impact both on other people and on themselves—to ask such questions as "What might happen as a result of this?"

> *"This approach might be viewed as an innoculation or vaccine for potential interpersonal problems."*

A third ICPS skill known as " means-end thinking" might best be described as step-by-step planning which anticipates the potential obstacles that must be overcome and recognizes that reaching any goal may take time.

"View it as an interpersonal road map which includes barriers and lays out in some detail how one may proceed in solving an interpersonal problem," said Spivack and Shure.

Results from one study have shown that among normal 4- and 5-year-olds with common problems, these thinking skills help children who act impulsively to learn to wait, and to become less overemotional when frustrated, less nagging, and less demanding. Children who were inhibited become more outgoing, more capable of standing up for their rights, and more expressive of their feelings.

Shure and Spivack also found that there was no significant loss of ICPS skills a full year after training. Even more importantly, they found that normal 4- and 5-year-olds who were not taught ICPS skills developed some behavioral problems in later years.

Dr. Kathryn Healey, who has taught ICPS skills to parents, teachers, and children, emphasized the preventive aspect of the training. "The ICPS approach might be viewed as an innoculation or vaccine for potential interpersonal problems," she said. "Not everyone who gets vaccinated for polio will be exposed to the disease, but the potential for infection does exist, and a vaccination is usually a wise move."

Other studies have shown that the ICPS way of thinking has been more deficient in depressed than nondepressed college students, more deficient in delinquents than nondelinquents, and more deficient in teenagers with unwanted pregnancies than those without.

ICPS skills have been taught in a number of school systems with results that have pleased school officials, according to the researchers.

"There are many other ways to affect behavior in young children," Spivack and Shure said. "We can advise or suggest strategies of action. We can reward positive behaviors and punish negative. We can reason, model, and offer choices. However, all of these techniques add up to one thing: we are doing the thinking for the child."

As Shure pointed out, parents realize that they can't always come up with the answers for their children. Many parents see the ICPS approach as a way to help their children deal with all sorts of situations independently.

In addition, said Spivack, learning how to get along with other people spills over into other areas of life.

"Presumably, if you can handle common problems with relationships, you will become more optimistic about handling problems in other areas, and you will build up a sense of competence to deal with mishaps," he said. "You acquire the skills which give you a sense of control, a feeling that 'I make things happen, things don't just happen to me.' "

Healey reported that kids have a greater ability "to bounce back" after they have learned ICPS skills. "Even though youngsters don't always succeed at first in reaching their goals, they don't necessarily give up. They are better able to wait their turn, look around for other solutions, and find something else to do. In sum, they build up a sense of resilience."

—Judy Folkenberg, NIMH

Dr. Myrna Shure

Method's Creators Win National Prevention Award

Drs. George Spivack, Marshall Swift, Myrna Shure, and Kathryn Healey, all NIMH grantees at Hahnemann University, have won the 1982 Lela Rowland Prevention Award for their development of the Interpersonal Cognitive Problem Solving (ICPS) model.

The National Mental Health Association award was presented to the scientists on November 11, 1982 at the Association's annual meeting in Dearborn, Mich.

Dr. Stephen Goldston, Director of the NIMH Office of Prevention, said, "NIMH can be proud of its contribution and support of the work which has led to the recognition represented by this award."

Runaway Boy Sparked Idea For Study of Problem-Solving

"It began about 15 years ago," says George Spivack. "I was working in a residential treatment school with a group of adolescent deliquents, and one more at 2:00, I received a call that one of the boys was missing."

The police eventually picked up the boy as he nonchalantly walked down the Pennsylvania Railroad tracks intent on reaching Philadelphia—a 20-mile hike.

Spivack found that the youngster wanted to purchase something and simply decided to go get it. The explanation seemed weak, since going AWOL was a serious offense, and the stores would be closed anyway, says Spivack.

But further conversation with the boy revealed no "hostile desire to worry others," "no masochistic need to be caught and punished," and "no desire to challenge authority and social limits," all safe psychological explanations.

"When he wanted something, his thinking quickly focused on his desire for it, with little concern for the pros and cons of different methods, or consideration of the consequences," Spivack reports. The boy suffered from a form of cognitive deficit that repeatedly led him into social difficulties, the psychiatrist concluded.

This event prompted Spivack to begin a rather lengthy study, concentrating on 30 youngsters. Testing and interviewing them, he measured such things as belief systems, motor and cognitive control processes, motivations, and conceptual ability.

He discovered important differences between the delinquent group he studied and a control group. The delinquent boys' self-concept was tied into an ever-present "now" temporal orientation, disconnected from the past and unrelated to a future. Future possible consequences did not occur to them, and problem-solving was influenced mostly by their current moods and circumstances.

Spivack joined Hahnemann in 1967 where he eventually teamed up with Myrna Shure and Jerome Platt to develop the ICPS approach. In subsequent years, the research program grew with additional faculty including Jerome Siegal, Kathryn Healey, Eugenie Flaherty, and Marshall Swift.

Rural Mental Health

IN MISSOURI . . .

Social Workers, M.D.s Form Service Teams

Social workers have been collaborating with primary care physicians to improve rural mental health care in Missouri under a pioneer training program funded by NIMH.

The innovative concept of a social worker-physician team was developed at the George Warren Brown School of Social Work at Washington University in St. Louis. The idea came out of research findings that people first seek help for emotional problems from primary care physicians—a trend especially prevalent in rural areas, where doctors' offices often are the only available health care facilities.

The 2-year training program involves social work students in a 12-month period of intensive academic preparation and a 9-month full-time practicum in a rural primary health setting.

The course work is designed to provide the students with a sound base of clinical skills. It emphasizes short-term problem-focused intervention strategies designed to serve outpatient populations, rather than intervention techniques needed to manage the severely mentally ill.

The program also provides training in several other areas, including: an introduction to the basic medical terminology necessary for social work students to work effectively in primary care settings; an introduction to State and local mental health policy and service delivery systems; and an introduction to the characteristics of rural communities and health care delivery in those communities. Instruction also is given in many areas of basic social work knowledge.

> *"A major emphasis is on recruiting rural students . . . who [might] be more likely to stay in rural areas."*

Over the 4 years the program has been in operation, 13 students have completed training. Nine more students will complete their training before the project ends in June 1984.

Since inception of the project, a major emphasis has been placed on recruiting rural students who normally would not have had the financial resources for graduate training and who, because of their backgrounds, would be more likely to stay in rural areas upon completion of their 9-month, full-time practicums.

The program's director is Dr. William Butterfield, Washington University. The NIMH liaison person is Dr. Neilson Smith, Chief, Social Work Education Branch, NIMH Division of Manpower and Training Programs.

—William Herndon, NIMH

IN VERMONT . . .

Addison's 'Community-Owned' Program Uses Creativity To Stretch Limited Resources

A Vermont rural mental health program based on high citizen involvement and low budgets was described at a recent NIMH seminar on "The Role of the Community Mental Health Center in Community Organization."

At the invitation of the NIMH Division of Mental Health Service Programs, Kathleen Woods reported on her experience as Assistant Director of the Counseling Service of Addison County in Middlebury, Vt.

"The Addison model of community organization was born out of necessity and is based on the need to consolidate resources in an effort to survive," Woods stated. The Addison program has managed, in the midst of reduced funding, to expand services most needed in the rural county, she said.

"Long before the cutbacks on Federal spending, . . . we and other CMHC administrators already had been taking a close look at our budgets with an eye to reconceptualizing missions and reshaping programs," she noted.

"Moreover," Woods said, "special interest groups in the human services field recognized that competition for funds could no longer be the name of the game. Collaboration to stretch diluted budgets, to provide [better] service for the same dollar by developing new service arrangements, brought renewed emphasis on the need for creative interagency ties."

Rural areas like Addison County have a particular need for innovative service delivery, she added, because of the difficulties posed by low population density, geographically large catchment areas, and a lack of public transportation.

Furthermore, the rural cultural ethos breeds disdain for help-seeking and distrust of professionals, many of whom are from "away," Woods said. And the typically poor economic base of most rural area reduces the financial support available from the local community, she held.

By contrast, while rural citizens may be geographically dispersed and philosophically distant, their greatest asset is "a distinct sense of, and deep commitment to, the values of neighborliness and mutual aid," Woods pointed out. The Addison counseling staff sought to utilize this inbred *esprit de corps* by creating a service model based on "community ownership."

The model focuses on programs for three at-risk populations—the elderly, the mentally retarded, and children and youth—with a main emphasis on prevention. "Direct clinical service, while important, was seen as a bottomless pit of demand," Woods said. Primary prevention was seen as essential.

"We also found that many clients' needs could not be met by mental health professionals alone, but could be satisfied in concert with other health and human service providers . . . The State of Vermont played a key role in helping us develop a networking process for children and youth service providers, and it dramatically increased funding for the care and treatment of the mentally retarded," she noted.

Working with local groups, the Counseling Service established a chapter of the Association of Retarded Citizens which in turn created an independent organization to teach vocational skills to mentally retarded adults. "This program has an unusually high placement rate of approximately 50 percent and is innovative for such a low population density area," said Woods.

Concerned citizens also helped the Association set up the first county group home for the mentally retarded—which opened "without a ripple of adverse community reaction," Woods commented—and is operated by the Counseling Service.

Addison programs for the elderly also illustrate the value of prevention and of local involvement. The Addision Retired Senior Volunteer Program uses meaningful volunteer work to promote socialization and self-esteem among older people. "As a mental health tool, there is an abundance of evidence that such activities help stem cognitive, emotional, and physical decline among the more able elderly," Woods said.

But the strongest example of the value of community organization is the Addison County Youth and Family Service program, according to Woods. It has been so effective, she said, that "3 years after a State-sponsored needs assessment and planning process focused on children and youth on a vounty-by-county basis, only the Addison County program continues to function. This is due, we believe, to the emphasis we placed on community involvement and leadership."

The overall success of the Addison programs, Woods stated, was largely due to the way that the staff of the counseling service developed a close rapport with county residents. "Professionals, as highly visible members of the community, have the opportunity to develop formal and informal connections with community leaders and personnel from other agencies, often as a result of their multiple roles in the community," she explained.

Single copies of Woods' paper may be obtained from the Underserved Populations Branch, NIMH Division of Mental Health Service Programs.

'Cooperative Consultants' Help Media Change Distorted Portrayals of Alcohol Use

On television, alcoholic beverages are consumed almost twice as much as coffee, tea, soft drinks, and water *combined*. In real life, the reverse is true.

On television, people who drink too much rarely suffer serious consequences as a result of their alcohol abuse. In real life, alcohol abuse can result in family conflicts, job loss, ill health, and even death.

These are just two of "Ten Distortions of Reality in the Portrayal of Alcohol in the Media" which have been uncovered by two NIAAA-supported researchers who recently submitted a final report of their work to the Institute.

Drs. Warren Breed and James DeFoe of the Institute for Scientific Analysis in California received an initial NIAAA grant in 1975 to explore the possibility of helping the media portray alcohol use more realistically. They began their study by monitoring the depiction of drinking behavior on TV's top-rated prime-time shows.

In dramatic and comedy shows alike, the researchers found over a period of 7 years that alcohol plays a significant part in many episodes—a part which typically misrepresents real alcohol use in any of these ten ways:

1. Glamorizes the use of alcohol
2. Shows gratuitous use of alcohol
3. Omits the grim consequences of alcohol abuse
4. Denies characters the chance to refuse alcohol
5. Shows alcohol consumption as so "normal" that everyone must indulge
6. Shows greater punishment for alcohol abuse given to guest characters rather than cast regulars
7. Shows miraculous recoveries from alcoholism
8. Shows children "lusting after" alcohol
9. Associates alcohol with "macho" pursuits
10. Omits the reaction of others to alcoholic drinking

Contrasting actual alcohol use with drinking portrayed on television, Breed and DeFoe found many specific discrepancies. For example, while 30 percent of the actual population abstains or drinks infrequently, most television characters (excluding youth) are drinkers or potential drinkers.

Breed and DeFoe tried to contact people in the TV industry in an informative and collegial manner about the findings. At first, writers, directors, and producers of top-rated shows were defensive, the scientists reported to NIAAA, because of prior criticisms and pressures from outside groups.

To overcome the industry's wariness, Breed and DeFoe chose an approach they call "cooperative consultation": they offered their services as alcohol-and-media specialists after presenting their data.

Most television creators were surprised when they learned how often alcohol is used on their shows. "It became apparent," said William Somers, NIAAA project officer, Division of Prevention and Research Dissemination, "that television exhibits so many alcohol-related events because the writers, producers, and directors were not aware that drinking was portrayed unrealistically."

> *"Most television creators were surprised when they learned how often alcohol is used on their shows."*

Once they raised awareness of the TV misrepresentations, the researchers were able to introduce both alcohol education in a thematic way and episode changes on how drinking is depicted. They became sensitive to the industry's needs, they reported, and offered creative but realistic options that did not add to production costs or damage the credibility of character, plot, or atmosphere.

Breed and DeFoe used their "cooperative consultation" approach with equal success in educating the print media, they reported. Their findings impressed persons in the comic book industry and publishers of campus newspapers (which run more than one-half of the Nation's alcohol advertisements.)

Their research also revealed that newspapers seldom mention alcohol's role in accidents and crimes reported. In addition, they found that some magazines glamorize alcohol use to suit perceived reader interest.

The researchers view their experience as strong evidence that alcohol educators who become familiar with media techniques and needs can help the industries improve public understanding of alcohol use and abuse.

"By influencing the portrayal of alcohol use on TV, radio, and the printed media, we hope to provide better role models and to help prevent alcohol misuse," said Somers.

Hawaiian Project For At-Risk Youth Attracts Support of Private Sector

A project in Hawaii serving children at risk for mental and emotional disorders with partial support from NIMH has been so successful at marshalling community action that most of its operating costs next year will be absorbed by the private sector.

The Molokai Most-in-Need Project recently was awarded a grant from the Hawaiian Trust Foundation to continue its work with severely disturbed children aged 12-14.

The project is one of several launched by an interagency agreement between NIMH and the Administration for Native Americans. The two Federal agencies joined forces (and funds) in 1979 to stimulate efforts in cities and rural areas on behalf of Most-in-Need Native American youth.

One of the agencies' grantees was Alu Like, a non-profit Hawaiian organization whose mission is to foster native Hawaiian economic and social self-sufficiency. Alu Like designed its Most-in-Need project to create an "ohana" (family) of service agencies and parents' and other citizens' groups on the island of Molokai.

According to Judith Katz-Leavy, Acting Director, Children's Services Section, NIMH Division of Mental Health Service Programs, "The unique quality and strength of this project has been its ability to shape the Most-in-Need mission within a framework of traditional Hawaiian values—values which emphasize, among other things, the importance of family and community togetherness."

Over the past 3 years, the project has established an intermediate school program, a summer program that augments classwork with trips and other recreational activities, and an after-school education and recreation program. Each program was developed by the Molokai "ohana" to meet the special needs of the island's children using local resources.

In a report commissioned by NIMH to assess the Molokai project, Dr. Jerome Grossman, Professor of Psychology, University of Hawaii, stated, "The interpersonal relationships which developed in this 'ohana' opened the door to an unanticipated and informal network of interaction; this increased communication, mutual problem-solving, and interagency understanding and support.

"The Molokai project is perceived as belonging to Molokai and the people who participate in its activities," Grossman noted. "It provides a welcome change from previous efforts of this type which were perceived as activities imported by outsiders for purposes not quite understood locally and which sooner or later left the Island with nothing to show for the effort."

ELLEN STOVER: SECOND GENERATION NIMHer HEADS SMALL GRANTS UNIT

In 1969, Ellen Simon was a college student who landed a summer job as an assistant in the NIMH Center for Studies of Narcotic a and Drug Abuse. Thirteen years later, Ellen Simon Stover is a Ph.D. psychologist and Coordinator of the ADAMHA Small Grants Program.

Stover's association with the agency goes back even further. Her father, Dr. Ralph Simon (both her parents are Ph.D. psychologists) was Chief of the NIMH Experimental and Special Training Branch until he retired in 1979.

Stover says that upon entering college in 1968, she was almost immediately inspired to make a career of psychology by her first psychology professor, Mavis Heatherington, whom she describes as an extraordinary teacher and human being.

Stover graduated from the University of Wisconsin's Honors Program in Psychology in 1972. Because her summer work had been with the Division of Drug Abuse, she first joined NIMH to write portions of the Drug Abuse Research Task Force report and the annual Marijuana and Health Report to the Congress. She entered graduate school in 1973, and for the next 4½ years, she both worked and went to school full-time.

In 1974, Stover became the Executive Secretary of the Drug Abuse Research Review Committee, a position she held for 2 years. In 1976, she served with Dr. Louis Wienckowski, then NIMH Associate Director for Extramural Programs. Ten months later, she assumed the Small Grants post vacated by Dr. Stephanie Stolz, who had left to become Director of ADAMH Programs in the HEW regional office in Kansas City (Region VII).

Because the Small Grants Section and the review committee were combined when Stover took over, she both administered the program and headed up the review committee. In 1979, the two functions were separated and, given the choice, Stover opted to stay with the Section. The Small Grants Program is now in the Division's Research Resources Branch. As Assistant Chief of the Branch, Stover runs the Small Grants Program and also works with the Research Scientist Program, the Clinical Research Centers, the Minority Biomedical Support Program, and the Applied Therapeutics Program.

When she received her Ph.D., Stover was interested in personality factors related to weight control. She has pursued that interest through close association with the behavioral medicine pursuits of her Division, with particular emphasis on obesity, anorexia nervosa, and bulemia, and with the mental health factors related to those disorders.

Married to an architect/lawyer who is General Counsel of the American Institute of Architects, Stover has two children: Elena Randall, 28 months, and Randall Alan, 6½ months.

Dr. Ellen Stover

As for hobbies, Stover says, "Who has time for a hobby?" She was interested in ballet before adopting psychology as a career and says she'd like to return to dancing some day.

Wienckowski, currently Director of the Division of Extramural Research Programs, says, "If all second-generation NIMH'ers were to turn out like Ellen, I would make it an absolute rule that NIMH hire only individuals whose parent(s) have worked for the Institute."

—Myrle Kahn, NIMH

Small Grants for New Research Have Big Impact

"Small grants enable us to support new people with new ideas," says Dr. Ellen Stover, Coordinator of the ADAMHA Small Grants Program. "The small grant program has had a large impact on alcohol, drug abuse, and mental health research since its inception."

In light of budget restraints, small grants had remained small, with a limit of $10,000 in the past 3 years. As of October 1, 1982, Stover recently announced, the direct cost limit for small grant awards has been raised to $15,000.

The program was launched in 1946 following a NIMH Mental Health Study Section recommendation that a research support program be created to fund promising studies of limited size and scope.

The "small" grants are funded for 1 year's duration and are not renewable. They are awarded to three types of researchers: young and relatively inexperienced investigators, investigators from small colleges, and investigators conducting pilot and preliminary studies that might be followed up with larger research projects.

In its 26 years of operation, the program has supported 4500 research projects; 2700 grantees have gone on to receive regular research grants. It has been surveyed as a model for the Eye, Dental, and Aging Institutes of NIH and for a proposed Department of Justice program.

The Small Grants Program accepts appli-

See STOVER (P. 8, Col. 3)

DRUGS ***from page 1***

abuse, a syndrome which did not exist 15 years ago. Pollin pointed out that this pattern of drug use is part of a larger pattern of alcohol use, cigarette smoking, and accidents which together account for the major preventable causes of death among American adolescents.

Although the title of Pollin's speech was "Long-term Effects of Substance Abuse," he pointed out, "We can't speak with certainty about the definitive long-range consequences of recreational drug abuse. It took more than 30 years of epidemiological studies to document the link between smoking and lung cancer. We have only known the psychoactive component of marijuana for less than 10 years.

"In addition, the most serious consequences, including behavioral and central nervous system changes, are difficult to nail down compared to a disease such as lung cancer," he stated.

Pollin focused on the effects of marijuana because it is used so frequently and often is the first illicit drug used by adolescents. He cited one study (*Pediatrics*, Vol. 70, 1982, Hingson et al.) which found evidence that maternal marijuana users have 5 times greater risk than non-users of adverse affects on fetal growth and development similar to the fetal alcohol syndrome. He called for more extensive research on the effects of drugs, such as marijuana's impact on children and adolescents who "are particularly vulnerable to the drug's physical and psychological effects."

The NIDA Director advised the pediatricians that available knowledge of the effects of marijuana justifies serious concern and that they should take an active role in discouraging its use. He said that two recent authoritative reports on the effects of marijuana reinforce this concern: one by the Institute of Medicine of the National Academy of Sciences, the other by the Canadian Addiction Research Foundation for the World Health Organization. A Surgeon General's Advisory also was issued in 1982 warning of the hazards of marijuana use.

"Medicine, with its indecision and lack of interest, has contributed to some extent to the problem," Pollin held. "Pediatricians must become sensitized and knowledgeable about the existence of this widespread problem [of recreational drug abuse] or we're not going to be able to do an adequate job [of treating adolescents]."

—Lenore Gelb, NIDA

ANNUAL MEETING

EZRA POUND STAY AT ST. E'S RECALLED FOR MEDICAL SOCIETY

Historical reviews of psychiatric treatment, including an account of the confinement of poet Ezra Pound, were featured at the 44th Annual Scientific Meeting of Saint Elizabeths Hospital's Medical Society in October.

Dr. Harold Stevens, a longtime Hospital consultant who is Professor of Neurology at George Washington University, treated the audience to a revealing look at the life of Pound, one of Saint Elizabeths' most famous patients.

An American citizen, Pound was charged with treason during World War II for broadcasting pro-Nazi statements while living in Italy. When the U.S. Army invaded Italy in 1945, he was captured, returned to the United States for trial, and eventually remanded to Saint Elizabeths.

Stevens described Pound's early life, noting that many of his friends were alienated by his extreme views and abrasive personality. Shedding new light on his apprehension by the Army, Stevens reported that Pound actually had sought protection from Italian partisans incensed by his propaganda broadcasts.

As for the poet's stay at Saint Elizabeths from December 1945 to May 1948, Stevens noted that "Pound's friends were amazed to learn that he wasn't interested in getting out of Saint Elizabeths. He had everything he wanted here." In fact, Stevens said, the quality of Pound's life at the Hospital was such that he was known to "hold court in a deckchair on the Hospital lawn."

This picture of Ezra Pound was taken at the time of the poet's admission to Saint Elizabeths.

Looking at the darker side of the history of psychiatric treatment, Dr. John Nemiah, editor-in-chief of the *American Journal of Psychiatry*, described how early asylum practices—e.g., locking patients in mechanical restraining devices—only served to exacerbate mental disorders. Further historical research is required, said Nemiah, to make therapists even more aware of the need for humane mental health care.

Looking to the future of psychiatric treatment, Dr. Roger Peele, Director of Saint Elizabeths' Overholser Division of Training, discussed the prospects for continued operation of public mental health hospitals, with alternatives that range from upgrading institutional care to abolishing institutions entirely.

Other scientific papers were presented by Dr. Steven Sharfstein, NIMH Associate Director for Behavioral Medicine; Dr. Zigmond Lebensohn, Chief Emeritus of Psychiatry, Sibley Memorial Hospital, and Professor of Psychiatry, Georgetown Medical School; Edith Maeda, Executive Director, Woodley House, Washington, D.C.; Ron Willis, House of Representatives' District of Columbia Committee; and Dr. Averette Parker, Administrator, D.C. Mental Health Services Administration.

The day-long meeting included two special ceremonies. The Winifred Overholser Prize was awarded to Barbara West Lea, a former Hospital psychologist-resident, for her research paper on neurological correlates of violent behavior. Dr. William Dobbs, Saint Elizabeths Superintendent, accepted on behalf of the Hospital a painting presented by Prentiss Taylor, the first art therapist on the Hospital's staff.

Saint Elizabeths' Medical Society was founded in 1937 as an interdisciplinary association of mental health professionals involved or interested in Hospital programs. Its membership includes physicians, psychiatrists, psychologists, therapists, and nurses.

—Don Coyle, St. E's

STOVER from page 1

cations that fall within the areas of interest of NIAAA, NIDA, and NIMH. It is coordinated by the NIMH Division of Extramural Research, but each Institute makes awards for small grants relative to its mission.

Small grant applications are reviewed 5 times a year by the Mental Health Small Grants Review Committee and by the three Institutes' National Advisory Councils. Applications are accepted at any time and are processed within an average 4-5 months from submission to award.

Research funded by small grants has yielded practical findings in a range of investigations, including studies of dyslexia, autism, brain damage in malnourished infants, chromosome markers in bipolar affective illness, self-control of crying, parent training in the treatment of adolescent obesity, and cognitive therapy and assessment of anxiety.

Interested scientists may contact Stover at (301) 443-4337.

—Myrle Kahn, NIMH

STAFF NEWS

"MRS. SMURF" AIDS HOSPITAL

Every Halloween for the past 4 years, Beatrice Persky, an NIMH grants management specialist, has donned a costume of her own design and gone trick-or-treating in the halls of the Parklawn Building to raise funds for the Children's Hospital of Washington, D.C. This year, dressed as the popular cartoon character "Mrs. Smurf," Persky solicited a record $175 in donations and a record number of smiles from her colleagues. The 75-year-old staffer already is planning her costume for next year's Halloween drive.

Brighten St. E's Holidays!

The holiday season can be depressing for many of Saint Elizabeths' patients, some of whom are never visited by family or friends.

All ADAMHA staff have the opportunity to brighten a patient's holidays by donating a much appreciated gift. Some suggestions include: games and playing cards, knitted hats and gloves, shaving accessories, cologne (men's and women's), and make-up. Gifts should remain unwrapped to help staff find an appropriate recipient.

Cash donations also are welcome; checks should be made payable to "Saint Elizabeths Hospital Fund #71."

Gifts and donations can be brought to Ruth Miller, NIMH, Room 15-105, Parklawn Building.

AWARDS CEREMONY ACKNOWLEDGMENT

The success of the eighth annual ADAMHA Honor Awards ceremony on November 5 reflects the contributions of many staff members, according to the ADAMHA Division of Personnel Management. Special recognition goes to: the Parklawn Madrigal Singers, directed by Richard Sackett of NIDA, who provided the musical entertainment; Patricia Werner, DPM Deputy Director, who prepared all of the home-baked cookies, cakes, and other refreshments; and ADAMHA Awards Coordinator Joan Berman and her assistant Roberta Greif, also with DPM, who began arranging for this year's ceremony in May.

8/24

adamha news
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH

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NIMH STUDY SHOWS:

Persistence Pays When Parents Try To Help Troubled Children

The future prospects of a troubled child are surprisingly bright, says an NIMH grantee, if the youngster's parents persevere in seeking help, accept some responsibility for the problem, and remain optimistic.

Dr. James Teele of Boston University bases this theory on his longitudinal study of disturbed youngsters who initially had been turned down by child guidance clinics for such reasons as overcrowding and age restrictions.

Teele undertook the awesome task of finding and interviewing families of youngsters 13 years after they were turned down from five guidance clinics in Massachusetts. He was able to contact 99 percent of the families for a total of 350 subjects. These families had been interviewed by him 1 year after their children were turned down.

Compiled results from the two interviews show that:

- 70 percent of the families reported that their grown children (with an average age of 23 years) had become well-adjusted adults.
- After the turndown, the majority of the parents continued to seek help elsewhere and, in fact, Teele concludes, "Seeking help was epidemic among our respondents." As he described it, the families' efforts to find help for their youngsters was "awe-inspiring."
- Those parents who accepted blame for the children's problems were the most active in seeking help for their children as contrasted with parents who blamed the child or others.
- Those parents who believed their children would eventually turn out all right—who hoped for the best—usually had those hopes fulfilled. Says Teele, "Outlook is extremely important; the outcome can be predicted by the expectations of parents."

Teele also believes that his research findings refute the concept of spontaneous remission (the belief that improvement of neurotic patients has no external cause or influence or occurs without the benefit of therapy).

Ninety percent of the respondents in

See PARENTS (P. 3, Col. 3)

U.S. Department of Health and Human Services
December 17, 1982
Vol. VIII
No. 24

SEASON'S GREETINGS

We have cause for celebration this holiday season: at the end of a difficult year of staff and budget reductions, ADAMHA has emerged as a strong agency still dedicated to fighting—and stemming—alcohol, drug abuse, and mental health problems.

Because we have not wavered in pursuing our mission, many Americans afflicted with these disorders have greater hope of recovery in the year ahead. We have made the Nation more aware than ever of the seriousness of these illnesses and also of their treatability. Our new coalition with the States, communities, and the private sector has enabled us to reach more people who need our help.

I commend all ADAMHA staff members for their service to the public over the past year, and I wish you and your families a joyous holiday season and a happy new year.

William Mayer, M.D

Robert Trachtenberg

Dr. Louis Sokoloff

Top ADAMHA Officials Honored With 'Presidential Rank' Performance Awards

Two ADAMHA staff members have received the highest performance award given to members of the Senior Executive Service, bestowed by President Reagan at a White House ceremony November 22

ADAMHA Deputy Administrator Robert Trachtenberg and Dr. Louis Sokoloff, Chief, NIMH Laboratory of Cerebral Metabolism—and only one other HHS official—received the "Distinguished Executive" awards, which include $20,000.

The other HHS staff member receiving the award is Walter Dowdle of the Centers for Disease Control, also in PHS.

The President also has selected Dr. Frederick Goodwin, NIMH Intramural Research Program Director, to receive an SES "Meritorious Executive" award, which includes $10,000.

Both the "Distinguished Executive" and the "Meritorious Executive" SES Presidential award ranks require sustained exceptional performance over a number of years, the minimum being 3 years.

Trachtenberg received his award in recognition of his "sustained extraordinary accomplishments" in bringing improved management and increased productivity to the Federal Government.

He was recognized for his recent performance, while on detail from ADAMHA, in

See AWARDS (P. 2, Col. 2)

NAT'L DRUNK AND DRUGGED DRIVING AWARENESS WEEK

HHS Secretary Richard Schweiker has joined President Reagan and other national leaders in urging Americans to observe December 12-18 as "National Drunk and Drugged Driving Awareness Week."

Schweiker is calling for special efforts throughout the Week to inform teenagers that their generation is particularly threatened by driving under the influence of alcohol or drugs.

NIAAA and NIDA are participating in the Week's observance. NIAAA has distributed to all State alcohol program directors Iowa's model plan for Statewide campaigns against teenage drinking and driving. NIDA has issued a special news bulletin on the effects of drugs on driving performance and on current methods to detect drugged drivers.

• National Institute on Alcohol Abuse and Alcoholism • National Institute on Drug Abuse • National Institute of Mental Health

HE 20.8013:

Fathers' Attitudes Affect Sons' Drug Use

Few people these days question whether a father plays an important role in his son's development. Dr. Judith Brook, NIDA-funded researcher at the Mt. Sinai School of Medicine in New York, has data that show *how* that impact occurs—and especially, how a father can influence his son's use of drugs.

"There have been no indepth studies of the father's personality and childrearing characteristics and how they affect drug use," says Brook. "We now are able to identify how and in what ways the impact occurs and which kinds of fathers contribute most to their sons' positive development."

Who makes the best father? According to Brook and her colleagues, "The conventional well-adjusted father who is child-centered, warm, and communicative, and who creates a close father-son bond, is likely to have a son who identifies with him and doesn't get involved with drugs."

On the other hand, adolescents whose fathers have the opposite personality traits and show negative attitudes toward their sons are likely to be unconventional, rebellious, angry, irresponsible, and sensation-seeking. Furthermore, such young men were the most likely, of the 246 male college students in Brook's study, to use marijuana regularly.

It could be, Brook hypothesizes, that the unconventional behavior of these young people (which often includes marijuana use) may be a way they cope with their fathers' negative feelings and attitudes toward them.

Brook offers a number of theoretical models that explain *how* fathers influence their sons' drug use. Her data best support a model she describes as "mediational" or indirect. A father, through his personality and childrearing style, has an impact on his son's personality and choice of friends.

The son's personality and the peers he chooses in turn have a direct bearing on his decision regarding marijuana use. For example, if a son does not feel close to his father, he is likely to feel even closer to his peers, who may very well use drugs.

Asked what aspect of the father-son relationship was deemed most critical in determining whether an adolescent will use drugs, Brook says, "The most powerful variable is the extent to which the youngster identifies with the parent. Boys who emulate and admire their fathers' positive traits, and who perceive themselves as similar, tend to develop personalities that insulate them from drug use."

Brook's study of father-son pairs is only one of her many interrelated research projects exploring the parent-child relationship. For example, she and her colleagues are currently examining the father-daughter relationship and finding similar results—except that fathers play a much larger role with daughters who are at risk for drug use.

Other ongoing projects include a long-term epidemiological study of 1,000 high school students and their mothers which focuses on marijuana use. Another longitudinal study, soon to be published, examines peer, family, and personality factors related to stages of drug use.

Dr. Judith Brook

"Based on what the youngsters were like in 9th and 10th grades in terms of their descriptions of their families, their peers, and themselves," Brook says, "we hope to predict who will move through the stages of drug use (which include nonuse, use of legal drugs such as tobacco and alcohol, use of marijuana, and use of illicit drugs other than marijuana) by the time they reach 12th grade."

Convinced that the parent-child relationship has a broad impact on areas other than drug use, Brook is conducting research in such areas as the underlying mechanisms related to depressive moods in college students.

"We are getting a clear idea of what the most suitable type of father is," she says. "We also are finding out how he can offset some of the negative environmental factors, such as a bad peer group, or having a vulnerable personality."

"Once you find out what the most effective parenting is like," Brook points out, "you can then make attempts to treat and prevent problems. The parent-child relationship is a good place to start."

Brook's ultimate goal is "to put together a monograph which integrates all these studies focusing on different aspects of parent-child relations and creates a theoretical framework for looking at parental factors related to a child's drug use."

—Lenore Gelb, NIDA

AWARDS

from page 1

establishing a new operating division within HHS, the Office of Community Services, to succeed the former Community Services Administration. "To accomplish this task, he developed creative and expeditious grant closeout policies which have been accepted by the grantee community," the award citation read.

Trachtenberg also was given the award for his "significant impact" as Deputy Administrator and Acting Administrator of ADAMHA. "His assessments of management problems led to reorganizations of two of the agency's Institutes and to a major management appraisal of the third."

He was further recognized for his management performance as Deputy Assistant Secretary for Grants and Procurement Management of HEW.

Sokoloff received his "Distinguished Executive" award "for sustained extraordinary accomplishment in research on brain function and biological mechanisms involved in behavior."

Among many achievements in his 28 years as a Federal scientist, Sokoloff recently developed the revolutionary 2-deoxyglucose mapping technique for study of brain function. This work made possible the rapid development of Positron Emission Tomography, or PET scanning, which has been compared to development of the chest X-ray 70 years ago in terms of medical significance.

"This unprecedented achievement contributes to the basic understanding and diagnosis of brain diseases. Dr. Sokoloff heads a Laboratory with a reputation which has made it a mecca for scientists from all over the world," read the citation.

Goodwin was selected for the "Meritorious Executive" award for his "sustained accomplishments and contributions to the study and treatment of the major psychoses." He is one of a small group of distinguished clinical investigators whose fundamental research contributions have brought international recognition to NIMH's intramural biological psychiatry programs.

Goodwin became Director of the Intramural Program in January 1982. Previously, he was Chief of the NIMH Clinical Psychobiology Branch, where he directed a series of interdisciplinary studies aimed at increasing knowledge of manic-depressive illness and at understanding the fundamental psychological processes which determine normal affective behavior.

—James Helsing, ADAMHA

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
William Mayer, M.D. Administrator

National Institute on Alcohol Abuse and Alcoholism-William Mayer, Acting Director
National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

Mildred Lehman, Associate Administrator for Communications and Public Affairs   ADAMHA Office of Communications and Public Affairs

Editor, Kate Callen Photography, Nilo Olin Institute contacts NIAAA-Brenda Hewitt, 443-4883 NIDA-Susan Lachter, 443-1124 NIMH-Marilyn Sargent, 443-4536 Saint Elizabeths Hospital-Don Coyle, 574-7034 Published biweekly by the Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, Department of Health and Human Services, reports on agency-related issues and events

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***ADAMHA News* invites comments. Phone (301) 443-3783 or write to: OCPA, Room 12C-15, 5600 Fishers Lane, Rockville, Md. 20857.**

Medicare for Non-Hospital Alcoholism Treatment Tested in 6 States

Medicare and Medicaid funds are now covering alcoholism treatment in nonhospital settings in six States under a demonstration project sponsored by NIAAA and the Health Care Financing Administration (HCFA).

The 4-year project is expected to save Medicare and Medicaid an estimated $20 million. The savings will be achieved by treating alcoholics in outpatient and residential settings, which is less expensive than hospital care.

Project directors from Michigan, Illinois, New Jersey, New York, Connecticut, and Oklahoma met October 21-22 in Washington to review the grantee States' progress since reimbursement for treatment began July 1 of this year.

Under the terms of the grants, which were awarded in September 1981, HCFA is covering 100 percent of the project's Medicare costs in all six States and 50 percent of the Medicaid costs in Michigan, Illinois, New Jersey, and New York. NIAAA is providing up to $1 million per year for administrative costs and an outside evaluation of the project.

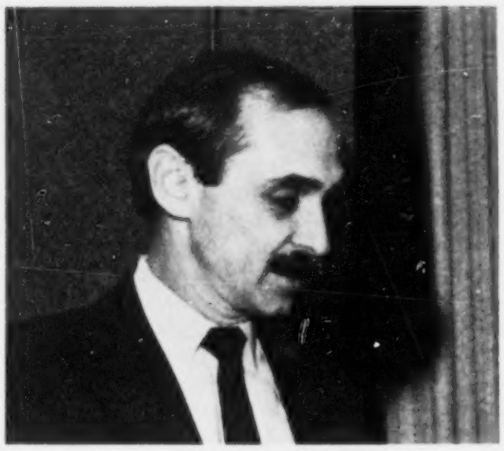
At the meeting, the project directors reported that the demonstration's first-quarter results are encouraging: 80 alcoholism treatment programs with a total of 120 service components (including inpatient and outpatient units) are eligible for reimbursement for their services to Medicare and Medicaid recipients.

Michigan was the first State to have first-quarter data available from its 16 participating programs. Gary Wear of the Michigan Department of Health announced that nearly $80,000 in claims have been submitted; these covered 530 outpatient visits and 1,042 inpatient days for detoxification and residential treatment.

The directors agreed that the project must focus attention on two new challenges to service providers: first, fulfilling Medicare/Medicaid requirements for cost-reporting and billing, and second, attracting a sufficient number of eligible clients to warrant the added paperwork.

Participants also agreed that States which already have legislated coverage for alcoholism treatment under private insurance programs seemed to shoulder the paperwork burden more easily. Ed Gilligan of New Jersey's Division of Alcoholism observed that alcoholism service providers in his State have become sophisticated in handling health insurance claims; this helped them learn the Medicare/Medicaid process relatively quickly, he noted. (New Jersey is one of 33 States whose legislatures have required either mandatory or optional coverage for alcoholism treatment).

To reach alcoholics who can now receive treatment as Medicare/Medicaid recipients, Illinois has mounted a public information campaign. James Bixler of the Division of Alcoholism, Illinois Department of Mental Health and Developmental Disabilities, showed several video clips at the meeting which have been used throughout his State.



Bryan Luce, HCFA

The films, which describe the new eligibility and available services, have run as television public service spots at all times of day.

Bixler also urged the grantees to assign a high priority to measuring cost-offset of Medicaid coverage for alcohol services. Establishing the project's ability to save money through better use of services is, in his opinion, the first order of business for what is essentially a financing rather than a treatment outcome demonstration.

One of the major intents of the HCFA-NIAAA project was to focus one State project on the needs of American Indians—a people whose social and economic conditions place them at high risk for alcohol problems but out of reach of traditional service systems. Since Oklahoma was chosen as the American Indian grantee, its funds are being administered by the American Indian Institute of the University of Oklahoma (rather than the State Alcoholism Authority).

The Institute's Dr. John Stephens reported that Oklahoma is going through two channels to reach Indian beneficiaries with alcohol problems: through service providers funded by the U.S. Indian Health Service, and through community groups who operate helping networks independent of the Service.

In Connecticut, the new Medicare alcohol benefits were spotlighted at a special conference on "Working With the Elderly Patient," said Robert Savage of the State's Alcohol and Drug Abuse Commission. The conference was sponsored by a private group known as the Connecticut Community Care Association, Inc.

New York has taken a special interest in the standards of care reimbursed under the demonstration, reported William Tyrrell of the State Division of Alcoholism. As a measure of quality assurance, the State will conduct "patient care audits." These are routine medical reviews of patients' records conducted by teams of physicians skilled in treating alcoholics.

A session on the project's evaluation component was presented by New York's Richard Calkins and HCFA's Richard Yaffe and Anthony Hausner. They informed the State directors that concerns about alcoholism treatment efficacy under Medicare have been expressed by the Senate Finance Health Subcommittee and are under study by the Congressional Office of Technology Assessment. An expanded evaluation design which would address these concerns is under consideration, they announced.

The evaluation component is being developed through a contract with Lawrence Johnson and Associates, Inc., of Washington, D.C.

The 2-day meeting was chaired by Dr. Andrew Solarz, HCFA Office of Research and Demonstrations, and John Noble, NIAAA Division of Biometry and Epidemiology. Solarz praised the grantees and service providers for their skillful expedition of project activities. Noble assured the State representatives that NIAAA funds for the grantees' administrative costs were included in the FY 1983 budget proposal now before Congress and would be available under the Continuing Resolution.

—K.C., ADAMHA

PARENTS

from page 1

Dr. James Teele

Teele's survey said they had received assistance of some kind for their child's problems. Seventy percent received assistance from nonpsychiatric professionals, while 52 percent of the families sought help from the psychiatric profession, and 51 percent sought help from informal sources (friends, neighbors, or relatives).

"It would, no doubt, be perplexing for parents who have worked and worried over the problems of childrearing to be told that the successful results are attributed to spontaneous remission," Teele states. "The evidence is clear: there is not much support for the argument for spontaneous remission."

The results from Teele's study have been included in his book entitled *Mastering Stress in Child Rearing* (Lexington Books, 1981). The current chair of Boston University's sociology department, Teele also has taught at Harvard University and the University of Aberdeen in Scotland.

Dr. Kenneth Lutterman, Associate Director of NIMH's Division of Biometry and Epidemiology, which funded the study, said, "This work is an excellent example of the kind of painstaking clinical services research needed to assess the effectiveness of therapeutic intervention.

—Judy Folkenberg, NIMH

Schweiker Testifies On Teens' Drinking-Driving

Secretary Richard Schweiker has pledged his support and the resources of the Department to the Presidential effort against the slaughter caused on America's highways by drunk drivers.

Testifying at a public hearing before the President's Commission on Drunk Driving on Capitol Hill November 29, the Secretary concurred with Secretary Drew Lewis of the Department of Transportation that the minimum age for purchase of alcoholic beverages should be raised to 21 years throughout the country.

Schweiker cited a National Academy of Science report produced under the aegis of NIAAA which found evidence to suggest that reducing the minimum drinking age "resulted in an increase in the rate of auto crashes and fatalities involving youthful drivers."

He also told the Commission that NIAAA "has supported a number of research projects aimed at increasing our understanding of the impact of regulatory measures, such as minimum age restrictions and beverage control laws, on alcohol-related problems.

"Recent NIAAA-supported research on raising the minimum drinking age found that Michigan drivers age 18-20 were involved in alcohol-related injury-producing crashes 20 percent less after the State had raised the legal drinking age from 18 to 21. And there was a 17-percent decrease for this age group in alcohol-related crashes that damaged property," he said.

One rationale for a uniform nationwide minimum drinking age of 21 was suggested when the Secretary pointed out that "there is evidence that contiguous States with differential minimum drinking ages create problems with cross-border purchase of alcohol by youth."

The Secretary also informed Commission members that NIAAA has just awarded a grant to study the impact of Maine's new drunk driving law to determine the effectiveness of swift, sustained, and automatic punishment in deterring drunk driving.

NIAAA's Epidemiological Data System "has the potential to compare changes in the legal age of drinking with changes in traffic accidents involving young drivers," the Secretary said. "The system also could explore the feasibility of developing a more intensive and timely surveillance mechanism to highlight motor vehicle fatalities," he added. "We are hoping to increase our ability to identify the nature and magnitude of drunk driving problems in ways so that communities can take specific and effective action to prevent them."

The Secretary told the Commission that "one of the most troubling consequences of alcohol abuse in this country is the needless devastation and human tragedy of alcohol abuse among America's young people."

He said one of his top priorities is to mobilize the country to combat teenage alcohol abuse. NIAAA has held 10 regional prevention intervention conferences for school personnel and parents across the country. The Department plans to convene 10 more conferences throughout the Nation this summer to stimulate the development of local treatment services for alcohol-abusing youth.

Capstone of the Secretary's 1983 campaign will be a National Conference for Youth on Teenage Drinking and Driving to be held March 26-28 at the 4-H Conference Center in Chevy Chase, Md.

"The initiative I have outlined," the Secretary said, "is not intended as a government solution alone. We have already received enthusiastic response from the private sector. Every attempt is being made to include State and local governments, Federal agencies, parent groups, concerned citizens, volunteers, and youth themselves."

—M.K.L., ADAMHA

STAFF NEWS

MARIE BLANK RETIRES

Marie Blank, Assistant Chief, NIMH Center for Studies of the Mental Health of the Aging, retired November 27 after 15 years of service to the Institute.

Blank had worked in the mental health field since 1957, when she was Director of Social Service for the Commonwealth Mental Health Center in Philadelphia. Before coming to the NIMH Aging Center in 1968 she also had worked for the Pennsylvania Department of Public Welfare and the Health Insurance Plan of Greater New York.

A native of Atlantic City, N.J., Blank received her master of social work degree from the University of Pennsylvania. She is a member of the American Orthopsychiatric Association, the Gerontological Society, and the American Public Health Association, among other organizations.

Linwood Smith
1943-1982

Linwood Smith, 39, a special education teacher in Saint Elizabeths' internationally-known Mental Health Program for the Deaf, died November 14 in Richmond, Va. of injuries sustained when he was struck by a car while crossing a street.

Smith, who was deaf himself, was active on a national scale in numerous efforts on behalf of deaf people. A member of the editorial board of "Mental Health in Deafness," an NIMH publication, he was a director of Deaf Pride, Inc, and former program coordinator for the National Center for Law and the Deaf at Gallaudet College.

He also was a member of the National Health Care Foundation for the Deaf, the National Association for the Deaf, and the Black Deaf Advocates. He was a former president of the Capital City Association for the Deaf.

Born in Lumberton, N.C., Smith earned a master's degree in educational administration at California State University at Northridge and studied at the North Carolina School for the Deaf Teachers Training Program.

Linwood Smith

He is survived by his daughter, Tisha, his mother, Edith Miles, two half-brothers, and a half-sister.

At a Hospital memorial service for Smith, Dr. Doris Dickens, director of the program for the deaf, said, "Linwood left us a legacy that will enhance patient care for many years to come."

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH
news

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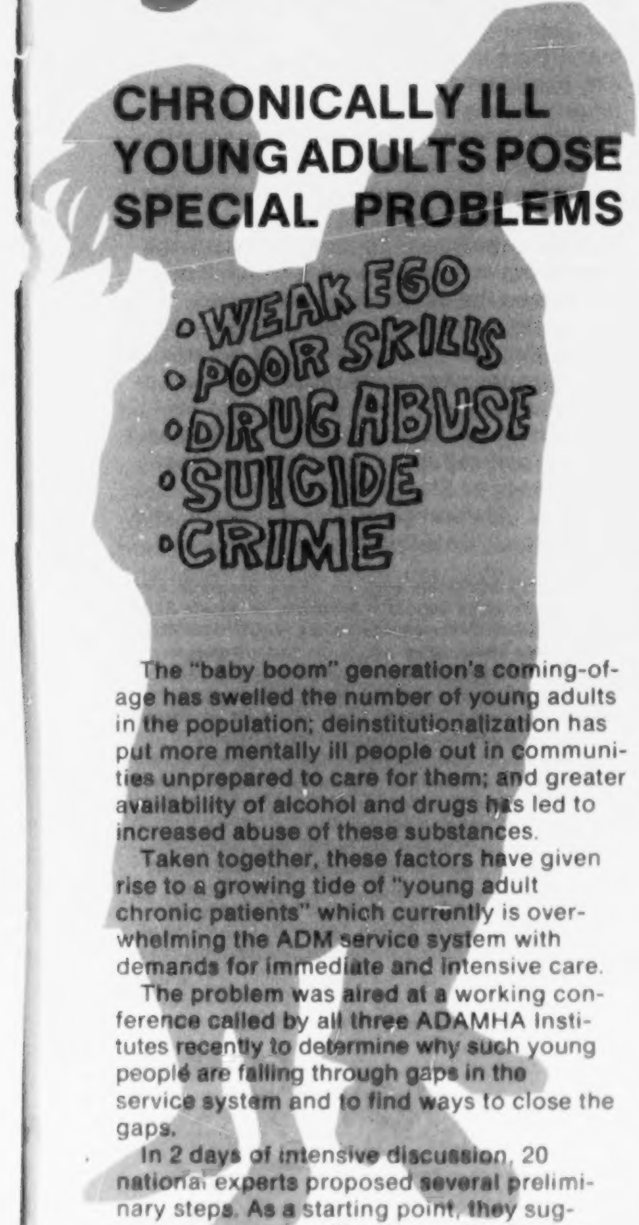
CHRONICALLY ILL YOUNG ADULTS POSE SPECIAL PROBLEMS



The "baby boom" generation's coming-of-age has swelled the number of young adults in the population; deinstitutionalization has put more mentally ill people out in communities unprepared to care for them; and greater availability of alcohol and drugs has led to increased abuse of these substances.

Taken together, these factors have given rise to a growing tide of "young adult chronic patients" which currently is overwhelming the ADM service system with demands for immediate and intensive care.

The problem was aired at a working conference called by all three ADAMHA Institutes recently to determine why such young people are falling through gaps in the service system and to find ways to close the gaps.

In 2 days of intensive discussion, 20 national experts proposed several preliminary steps. As a starting point, they suggested a new classification method to sort the chronic population into "clinically meaningful subgroups" based on patients' primary disorders.

Because these young people are difficult to treat, the conferees agreed that flexible, accessible, and supportive programs are needed. To achieve these and other service reforms, they called for a long-term (5- to 10-year) Federal ADM advocacy effort which would involve States and communities and draw on the resources of the criminal justice, social service, and other health systems.

See CHRONICS (P. 2, Col. 1)

U.S. Department of Health and Human Services
December 31, 1982
Vol. VIII
No. 25

New Alcohol Research Programs

Univ. of Florida Becomes First U.S. Center for Elderly/Alcohol Studies

NIAAA has awarded a $405,000 grant to the University of Florida in Gainesville to establish the country's first National Alcohol Research Center for studying alcohol's effects on the elderly.

The Center was authorized under the Omnibus Budget Reconciliation Act of 1981, after research findings showed that, while alcohol abuse is prevalent among older Americans, many older problem drinkers are overlooked or ignored because their behavior is not socially disruptive.

Researchers say that many older persons are reactive problem drinkers; that is, they had no problems with alcohol before the age of 60, but reacted to the stresses, losses, and negative aspects of aging with depression and problem drinking.

How many adults over the age of 60 suffer from alcoholism or problem drinking is not known. However, scientists believe a tho-

See ELDERLY (P. 3, Col. 1)

NIAAA Sets Priorities, Creates Incentive for First-Time Applicants

In a recent letter to the U.S. alcohol research community, NIAAA Acting Director William Mayer announced that the Institute "is actively seeking research grant applications . . . to expand and strengthen its extramural research programs."

The Institute recently received approximately $8 million for these purposes in the Continuing Resolution passed by Congress to provide funding for FY 1983, signed into law by President Reagan on December 21.

Mayer issued two program announcements which elucidate new directions in the Institute's scientific mission.

The first contain revised guidelines for Alcohol Research Grants which emphasize studies on treatment, prevention, and alcohol-related accidents, injuries, and violence—especially as these concern "high priority groups such as teenagers and women." The Institute expects that nearly $7

See RESEARCH (P. 6, Col. 1)

RESEARCHER FINDS:

Methadone Diminishes Addicts' Behavior Motivation

For nearly 20 years, methadone has been the principal method for treating heroin addiction. Methadone often works because it prevents the physical withdrawal symptoms associated with stopping heroin use while blocking the perceived positive effects of the drug.

Now, NIDA-supported research suggests that methadone may be far from benign for some users.

Dr. Travis Thompson, a University of Minnesota behavioral pharmacologist, has uncovered data which verifies clinical observations and subjective reports from heroin addicts: namely, that methadone's primary effect on behavior is *amotivational.* Based on the results of his laboratory studies of pigeons, rats, and monkeys over a 10-year period, Thompson believes that a wide range of normally rewarding events, such as good family relationships or a well-paying job, may no longer motivate the behavior of a methadone user.

"We knew all along that methadone makes heroin a less effective reinforcer [i.e. less pleasurable and less likely to be sought after] for patients," says Thompson. "Our laboratory data suggest that it makes everything else in a patient's life less pleasurable as well."

Dr. Travis Thompson

He believes his findings support the theory that amotivation is the key to understanding methadone's behavioral effects. To illustrate the theory, he compares the effects of methadone to the effects of partial food satiation

See METHADONE (P. 6, Col 2)

• National Institute on Alcohol Abuse and Alcoholism • National Institute on Drug Abuse • National Institute of Mental Health

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CHRONICS *from page 1*

Most of the invited experts are service providers who have worked closely with severely-ill young people for many years. Throughout the meeting, they presented a bleak picture of their clientele.

The young adult chronic patient typically displays at an early age a range of personality problems—chiefly, a weak ego and an inability to develop social and vocational skills. To compound their problems, these young people tend to use a variety of drugs on a regular basis. They often engage in criminal acts and have a suicide rate 210 times greater than the rest of the population, it was reported.

Barely one in four is employed; the other three are supported by family and/or welfare entitlements. Yet, many are married, and many become parents—thereby spawning the next high-risk generation.

The actual and potential burdens they place on society makes it especially imperative to treat these young people. But their treatment picture is as complex as their varied disorders, the conferees held.

> *"Of course, it's hard to treat somebody whose whole life is tattering around the edges."*

Young chronic adults almost always reject the "patient" role and disdain treatment. They often are disruptive and even abusive enough to be ejected from service programs. However, they keep returning on an emergency basis for help with psychotic outbursts, drug overdoses, and other crises. When the emergency has passed, they refuse followup care—only to reappear when another crisis occurs.

Consequently, participants said, program staff grow more and more exasperated by the patients' hostility as well as the severity of their multiple problems. This sense of futility was reported to be a major obstacle to helping the young people.

Yet, if the conferees' own attitudes were any indication, two perspectives can help professionals temper their frustration: remaining sympathetic to the clients' genuine distress, and being satisfied with minimal progress in treating the chronic disorders.

As one therapist put it, "Of course it is hard to treat somebody whose whole life is tattering around the edges." Another added, "You're always talking to a human being who's in pain . . . we must be respectful of what it's like to struggle through an unpleasant life."

A third participant expressed the group's consensus by stating, "There's a lot to be said for hanging in there a long time, even when it seems hopeless—if nothing else, you prevent a bad situation from getting worse . . . With these patients, *any* progress is encouraging."

In their discussion of typical treatment failures, the conferees helped pinpoint why young adult chronic patients are not served adequately by traditional approaches.

While hospital settings were deemed too restrictive, once-a-week outpatient programs had not proven sufficiently intensive or comprehensive. Rehabilitation programs designed for older, deinstitutionalized chronic patients held little appeal for the more autonomous younger patients. (In fact, many conferees felt that "habilitation" was a more appropriate goal for this group).

> *"Young adult chronic patients are not served adequately by traditional approaches."*

The "therapeutic community" approach used by many drug treatment programs was judged, in one participant's words, as "antitherapeutic" for young chronic adults. The group agreed that the "confrontative, challenging, and potentially embarrassing" atmosphere which characterizes therapeutic communities can wreak havoc with the young chronic patient's already-frail ego.

Unfortunately, as one conferee pointed out, "they often stay in these facilities because they have been forced in by the criminal justice system."

Participants recommend two specific courses of action. First, they called for a range of diverse day programs with realistic aims set forth, if possible, in short-term, mutually negotiated contracts. In more severe cases, they said, long-term support should be provided in semiprotected settings, and court-ordered partial guardianship can be useful. In less severe cases, they noted, self-help groups have proven effective.

Second, they urged the ADM field to increase the Nation's awareness of this population's critical needs. In particular, they called for:

- Developing a broad common perception of the problem to help professionals cope with the frustrations of treating young chronic adults;
- Devising incentives for providers to make extra efforts to help these patients;
- Establishing the limits of ADM competence and responsibility in caring for this group, and identifying potential areas of involvement for other service systems.

Finally, the group underscored the value of advocating on behalf of the young adult chronic population. To date, they said, the three most-interested parties which have galvanized the mental health advocacy movement have been ex-patients, parents, and professionals. The divergent natures of these groups need to be reconciled, participants agreed, and their work should be augmented by the advocacy of other interested organizations, such as the National Conference of State Legislatures, the National Conference of Social Welfare, and the National Coalition for Jail Reform.

Conference participants were: Dr. Leona Bachrach, University of Maryland School of Medicine; Dr. Sheila Blume, New York State Office on Alcoholism and Alcohol Abuse; Dr. Dorynne Czechowicz, NIDA; Dr. Victor Gelineau, Massachusetts Department of Public Health; Dr. Harold Ginzburg, NIDA; James Glass, NIDA; Donald Godwin, NIAAA; Dr. Jerome Jaffe, VA Medical Center, Newington, Conn.; Elaine Johnson, NIDA; Dr. Herbert Kleber, Yale/New Haven Comprehensive Drug Program; Dr. William Knoedler, Mendota Mental Health Institute, Madison, Wis.; Dr. Thomas McLellan, VA Medical Center, Philadelphia; Dr. Bert Pepper, Rockland County CMHC, N.Y.; Dr. Thomas Plaut, NIMH: Richard Russo, New Jersey Division of Narcotics and Dangerous Drugs; Leslie Scallet, Scallet & Assoc., Washington, D.C.; James Stockdill, NIMH; Dr. Robert Strange, Northern Virginia Mental Health Institute; Judith Turner, NIMH; Dr. Patricia Whitmore, Missouri Department of Mental Health; Peter Vaslow, NIAAA.

—K.C., ADAMHA

The ADAMHA NEWS STAFF WISHES ALL ITS READERS A HAPPY AND HEALTHY NEW YEAR!

ADAMHA NEWS

Alcohol, Drug Abuse,
and Mental Health Administration
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National Institute on Drug Abuse-William Pollin, M.D., Director
National Institute of Mental Health-Herbert Pardes, M.D., Director

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BULIMIA STUDY:

'Binge Eaters' Show Signs of Pathology

Gorging and vomiting, an occasional feasting practice during Roman times, is becoming a daily ritual among increasing numbers of young women in the United States today.

Called "bulimia," the disorder was not officially recognized until 1980 when it was defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) as "episodic binge eating accompanied by awareness that the eating pattern is abnormal."

New information about the disorder has now been uncovered by NIMH scientist Sandra Weiss, whose research has shown that "bulimics demonstrate high levels of psychological pathology and impulsive behavior."

In her study, bulimics rated themselves as being significantly more compulsive, depressed, and anxious, and having less self-esteem, than the normal control group. They reported more trouble with personal relationships and believed they had less mastery over their own lives. More bulimics attempted suicide, stole, used drugs, and resorted to binge buying.

According to the DSM-III, bulimia is characterized by fears of being unable to stop eating voluntarily, and by depressed moods and self-deprecating thoughts following the eating binges. While bulimic women may consume as many as 20,000 calories a day, Weiss reports, their appearance remains the same because self-induced vomiting helps them maintain their normal weight.

Although the disorder appears to be on the rise, Weiss points out that some of the increase may be due to bulimic women becoming less covert about their eating habits.

She has seen some older women who have suffered from the disorder for more than 25 years.

Binge eating was first recognized in the late 1950s by a scientist interested in obesity. But the bloom of first recognition brought little research interest. Therefore, minimal data exists as to the whys and wherefores of bulimia.

"Some researchers think the origins of the syndrome have a physiological basis, while others think it is primarily psychological in origin," Weiss notes. "Poor family relationships and societal pressure to be thin also have been implicated.

"There is no clear-cut answer," she concludes. "My own belief is that the etiology of bulimia is a combination of all these factors with varying degrees of importance in different individuals.

> ***"Bulimics rated themselves as . . . more compulsive, depressed and anxious, and having less self-esteem."***

The extent of bulimic behavior differs among individuals; some indulge on impulse, while others schedule regular vomiting sessions. There are bulimics who may binge and induce vomiting every few days or weeks, while others may binge and vomit 5 or more times during what often becomes a 2- or 3-hour meal. Such extreme behavior can be scheduled more than once a day, says Weiss.

Dr. Sandra Weiss

Bulimics have been known to spend hundreds of dollars on food within a short period of time and to supplement their budget by stealing even more food.

Bulimics face serious medical problems, says Weiss. Electrolyte imbalance, renal dysfunction, swollen salivary glands, sore throats, and dental problems can result.

"Yet, most of the bulimics I saw were very attractive," she reports. "They dressed stylishly and used makeup well. I never would have guessed they had such a problem if I had met them in another setting."

Most of the women were desperate to break their habit (the average duration of bulimia in Weiss's study was 6.4 years), but patients sometimes had difficulty finding the appropriate therapist.

Says Weiss, "While there are no proven cures for bulimia, the therapist probably should deal both with the eating disorder and the underlying causes."

—Judy Folkenberg, NIMH

ELDERLY *from page 1*

rough study will show that the number is substantial.

The award will cover the Center's first year of investigation into the drinking problems of the elderly.

Dr. Albert Pawlowski, Chief, NIAAA's National Research Centers Branch, said that the University of Florida was selected over 12 other applicants "because of the scope and coverage of its excellent research proposal."

The Florida program will be conducted by an interdisciplinary team of biomedical, behavioral, and social science investigators. It will include interrelated studies on such problems as prevalence, diagnosis, treatment, and prevention of alcohol disorders and related health problems among the Nation's elderly.

In addition to its research activities, the new Center is expected to provide training opportunities which will stimulate careers in alcoholism research.

A second new National Alcohol Research Center will be established at Hahnemann University in Philadelphia to study how alcohol affects the structure and function of living cells. The new Center will receive nearly $200,000 in NIAAA funds for its first year.

Dr. Albert Pawlowski

The two new Centers bring the number of major alcoholism research centers to eight. The others are:

- The Salk Institute for Biological Studies, which focuses on laboratory studies of alcohol's effects on the central nervous system.
- The Mount Sinai School of Medicine of the City University of New York, where the emphasis is on laboratory and clinical studies of the pathological and toxic effects of alcohol.
- The University of Connecticut in Farmington, where researchers are assessing alcohol's influence on genetic makeup and genetic influences on the development of alcoholism.
- The alcohol research group of the Medical Research Institute in Berkeley, formerly affiliated with the University of California at Berkeley, where studios are examining epidemiological factors associated with alcohol abuse and alcoholism.
- The University of Colorado in Boulder and Denver, which focuses on the pharmacogenetics of alcohol sensitivity.
- Washington University in St. Louis, where scientists are conducting major clinical studies of twins and children of alcoholic parents and various genetic risk factors.

> ***"Scientists believe that a thorough study will show that the number of [older alcohol abusers] is substantial."***

—Wilbur Pinder, NIMH

Gunderson: Successful Therapists Participate Actively in the Therapeutic Process

The therapists who are most successful in keeping their schizophrenic patients engaged in therapy are "intolerant of patients' symptoms and participate actively in the therapeutic process," said Dr. John Gunderson, Director of Psychotherapy, McLean Hospital, and Associate Professor of Psychiatry, Harvard Medical School.

Gunderson reviewed the literature on various psychotherapeutic approaches to schizophrenia at a recent NIMH Staff College seminar, and reported preliminary findings of his own research on individual psychotherapy, particularly on the issue of patient engagement in the therapeutic process.

Among "surprising" findings was the impact of therapeutic style, said Gunderson—namely, that active therapists who viewed patients' symptoms as "phenomena to be put aside as quickly as possible rather than to be analyzed or discussed" kept their patients more intensely engaged and for longer periods of time than did more passive and tolerant therapists.

Gunderson's NIMH-funded study involved 100 carefully diagnosed nonchronic schizophrenic patients who were randomly assigned to one of two forms of treatment. One, an intensive, exploratory, "inside-oriented" treatment, involving at least three sessions a week, was carried out by analytically trained therapists with a history of commitment to and success with the analytical approach. The other, a reality-oriented, adaptive, and supportive form of therapy, was provided once a week by practitioners who also had proven themselves committed and successful in their therapeutic mode.

Begun as a pilot study in 1974, the collaborative effort involved McLean, Boston University, and Bedford VA Hospitals.

In reporting the study's findings, Gunderson noted that other surprises included "disconfirmation of our hypothesis that healthier patients are better candidates for psychotherapy." In general, healthier patients, said Gunderson, comprised most of those who dropped out of therapy or who were considered to be less engaged in treatment by their therapists.

However, in terms of specific therapies, patients who dropped out of the analytically oriented treatment were sicker than those who remained in it.

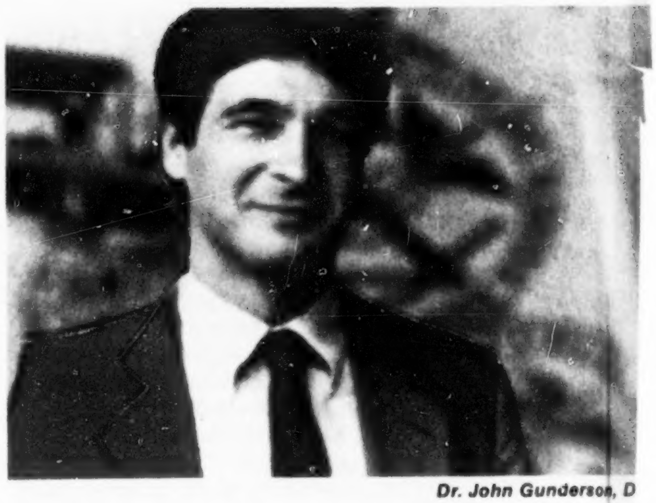
"This suggests that the intellectual and interpersonal demands made by inside-oriented therapy were not well tolerated by the sicker patients," he commented.

While higher educational levels were predictive of continuance, paradoxically, therapists rated their more educated patients as less engaged. Also, patients who dropped out tended to have higher baseline I.Q.s.

Another unexpected finding was that patients who remained in treatment had more previous exposure to psychotherapy. "It is my impression that many schizophrenic patients need to have repeated exposures to psychotherapy before they will remain in it. This may not be due simply to lessening of denial or to an increase in motivation, but in part to a process of becoming more passive and more comfortable in the psychotherapeutic situation."

According to Gunderson, studies show that, for most schizophrenic patients, longer rather than briefer hospital stays are preferable.

Studies of milieu treatments indicate that chronic and nonchronic patients do best with different types of approaches. Optimal milieus for nonchronic patients involve [illegible] sense of community evolving from frequent staff/patient and patient/patient interactions. "In the most helpful programs, staff are enthusiastic and hopeful, viewing psychosis as a time-limited experience from which learning can take place, including examination of the interpersonal context in which the psychosis arose," said Gunderson.



Dr. John Gunderson, D

In contrast, the optimal programs for chronic patients avoid examinations of motives, historical antecedents, and emotionally charged issues and relationships. Rather, there is continued confrontation of the patients' passivity and feelings of helplessness.

The best programs for chronic patients are intensive and high structured, with clarity and predictability of expectations, consequences, roles, and leadership. Program structure and relationships continue into the post-discharge, after-care programs and are tapered gradually, Gunderson noted.

Studies of family therapy indicate a movement toward the use of time-limited

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Keith: Success of Drug Treatment May Mask Psychosocial Needs of Schizophrenics

During the past 20 years, the success and impact of drug treatment for schizophrenia have pushed into the background the disorder's psychosocial factors and treatments, and it is now time to reexamine "where we have been and what we have learned," said Dr. Samuel Keith, Chief, NIMH Center for the Studies of Schizophrenia.

Speaking at an NIMH Staff College seminar on "Psychotherapeutic Approaches to Schizophrenia," (see above), Keith said "The primacy of diagnosis and drugs does not trouble me . . . there is an imposing body of data pointing to the efficacy of drugs in treating schizophrenia.

"What troubles me," he continued, "is that drug efficacy combined with concern about the variability of diagnosis and the search for homogenous patient populations may lead to a conceptual narrowing of our thinking about schizophrenia and its treatment."

Noting that historically, medical practice bases diagnosis and treatment on a set of symptoms, he pointed out that the reliability of symptoms in and of itself does not guarantee validity of a diagnostic construct. Indeed, he said, the striving for reliability may relagate clinical and other important variables to a lesser status.

Descriptions of schizophrenic symptomatology provided by Kraepelin and others through the years, up to and including DSM-III, have given "a level of detail and reliability that is indeed exemplary and will no doubt improve our ability to scientifically communicate." But, Keith cautioned, "in achieving this advance . . . it is important to see what we are at risk of losing."

Much of today's diagnostic clarity is derived from Kraepelin and other German diagnosticians who felt that "recovery from schizophrenia is rarely complete and that empathetic therapeutic bonds cannot be established with schizophrenic patients," said Keith. Accepting such therapeutic pessimism, he continued, may not contribute to a positive approach to the disorder, but discarding all the gains made in descriptive psychiatry over the past 20 years would be equally unfortunate.

A means for combining current classification and treatment methods, suggested Keith, has been provided by Drs. John Straus, Yale University; William Carpenter Jr., Maryland Psychiatric Research Center; and John Bartko, NIMH Division of Biometry and Epidemiology, who have held that there are three groups of schizophrenic symptoms:

- positive symptoms—characterized by their presence, such as hallucinations and delusions;
- negative symptoms—characterized by their absence, such as lack of goal-directed behavior, blunted affect, and deterioration of

lerson, Dr. Samuel Keith

interventions at critical points rather than intensive and ongoing treatment for family members, he continued.

A psychoeducational approach has been used successfully to change behaviors of families, referred to as high expressed emotion (EE) families, who are highly critical and overly involved with patients. High EE families have been found to increase the likelihood of relapse in schizophrenic patients.

With the psychoeducational approach, significant relatives, who more often meet with the therapist apart from the patient, are informed about what is known of the etiology and treatment of schizophrenia, with special emphasis on long-term handicaps and the need for drug compliance. They are asked to identify stressful circumstances of living with the schizophrenic person and encouraged to develop alternative coping responses. They are openly discouraged from being critical towards the schizophrenic family member and encouraged to discuss their situation with relatives from other families having a schizophrenic member.

"There is nothing subtle about it. Family members are discouraged from confronting a patient with his or her disturbing behaviors, however maladaptive," said Gunderson. "Low EE relatives were observed to show a tolerant, even collusive attitude towards the patient's symptoms and to retain a remarkable ability to make light of the most fraught situations."

Past evaluations of individual psychotherapies with schizophrenic patients had major methodological flaws, said Gunderson, a situation which led to the funding of the long-term, collaborative study carried out by himself and his colleagues.

Gunderson's findings and his review of the literature call for "difficult revisions in thinking about treatment, particularly for schizophrenic patients," he concluded.

In response to a question about the third-party payers' practice of primarily covering hospitalizations, Gunderson pointed out that it was not a cost-effective approach.

"The major economic issue concerns the schizophrenic's ability to work," he said. "Less than 25 percent of discharged patients go back to work, even part-time. Considering that most schizophrenics get ill in their early twenties, the costs to society are enormous, amounting to an estimated $18 billion a year. Even a 10-percent increase in productivity in discharged patients would more than halve the costs of schizophrenia."

"Rehabilitation programs, the most cost-effective efforts, have been hurt by legislative and funding practices," he continued. "Patients who work need to have access to day-care programs."

Dr. Samuel Keith, Chief, NIMH Center for the Studies of Schizophrenia, who also spoke at the seminar, called for a reappraisal of treatments for schizophrenic patients. (see below).

—Marilyn Sargent, NIMH

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functioning; and,

- disordered personal relationships—denoted by asociality, withdrawal, and lack of close personal ties.

These scientists conclude, said Keith, that positive symptoms can develop over a short period of time, are a reaction to biologic or socioenvironmental causes, and have minimal prognostic importance. In contrast, negative symptoms and disordered personal relationships develop over an extended period of time, have no clear etiology, but have prognostic value.

Keith pointed out that because positive symptoms are the most dramatic, the most characteristic, and the most reliably rated aspects of schizophrenia, and because they respond most dramatically to drug treatment, there may be a tendency to overlook the fact that they also are the least enduring and least prognostic symptoms.

The dramatic action of drugs on positive symptoms may place the field at risk of creating a self-reinforcing, circular conceptualization of schizophrenia and its treatment, i.e., drug-responsive symptoms determine what is called schizophrenia, and the success of a treatment is determined by its impact on these symptoms, warned Keith. "This approach would put is in the unfortunate position of the man who has only a hammer and must therefore see every problem as a nail."

More attention, he continued, must be focused on negative symptoms and difficulties in interpersonal relationships, aspects of schizophrenia which do not respond well to drugs, but which might serve as a proving ground for psychosocial treatments.

Keith called for research "which will create as vigorous a scientific data base for the impact of psychosocial treatments [on negative symptoms and interpersonal difficulties] as pharmacology has done for the positive symptoms of schizophrenia.

"Somehow," he concluded, "we must not allow our initial goal of the treatment of schizophrenia as a total entity, composed of positive and negative symptoms and varying levels of interpersonal competence, to become lost. Because we have developed a treatment for positive symptoms, positive symptoms should not become the disorder."

—Marilyn Sargent, NIMH

Schizophrenia
Bulletin
National Institute of Mental Health
Issue Theme:
The Impact of Schizophrenia on Patients, Families, and Professionals

The cover art shown above from the latest issue of the NIMH Schizophrenia Bulletin *(Volume 9, Number 4, 1982) was created by artist Damian Judd as art therapy to express his feelings while he was a patient in Worcester State Hospital, N.Y.*

The issue's theme is "The Impact of Schizophrenia on Patients, Families, and Professionals." It includes articles by Dr. Solomon Snyder on "What is Schizophrenia?", by ex-patient Marcia Lovejoy on "Expectations and the Recovery Process," and by John Pringle and Peggy Pyke-Lees on "Voluntary Action by Relatives and Friends of Schizophrenia Sufferers in Britain."

Subscriptions for the Schizophrenia Bulletin, *which cost $21 for four issues a year, may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402*

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RESEARCH from page 1

million may be available next year to fund new and continuing research.

A second announcement describes the New Investigator Research Awards, recently created to encourage scientists who have never been NIAAA grantees to enter the alcohol research field. An estimated $1 million will be made available for these grants.

In his letter, Mayer alerted potential grantees that "applications must be recieved by March 1, 1983 in order to be considered for funding in FY 1983."

The New Investigator Research awards will provide a maximum of $112,500 for research over a 3-year period. These awards are designed to attract two kinds of scientists: relatively experienced investigators with meritorious research ideas who are making a transition from training status to established researcher; and experienced and established investigators who have never received NIAAA support. (The program announcement also invites applications from "those who have interrupted early promising research careers."

The awards will fund studies in such areas as basic and clinical research, biomedicine and genetics, epidemiology, neuropharmacology, prevention, psychosocial issues (e.g., alcohol's role in accidents and crimes), treatment and occupational programs.

As listed in the revised program announcement for Alcohol Research Grants, NIAAA will support investigations for a maximum of 5 years in the following six specific areas: etiology; pathogenesis; early identification and diagnosis; treatment assessment, services, and occupational programs; prevention; and basic tools and methodologies.

> *"The awards were created to encourage scientists who never have been grantees to enter the alcohol research field."*

The Institute is particularly interested in studies of new and improved treatement approaches, and of methods for reducing alcohol-related deaths and injuries and preventing alcoholism and alcohol-related problems. Research which focuses on teenagers, women, and other high-risk groups is especially encouraged.

Mayer advised applicants to contact NIAAA staff for additional information and assistance. He told the field that "NIAAA is excited about this opportunity to increase significantly our knowledge about alcoholism and alcohol abuse and, thereby, promote the health and well being of the American people."

—K.C., ADAMHA

Alcoholic Clients Aid Each Other's Recovery in 'Unconventional' Program

Dr. Thomasina Borkman

A recent NIAAA seminar spotlighted a model alcoholism treatment program which uses a "mutual help" approach to bolster alcoholics' self-esteem, include them in a supportive social network, and provide them with an alcohol-free environment.

Entitled "A Social-Experiential Model in Programs for Alcoholism Recovery," the seminar was presented by Dr. Thomasina Borkman based on a study she conducted when she was an NIAAA research fellow.

Borkman, who currently is an Associate Professor of Sociology at George Mason University in Fairfax, Va., explained at the November 17 seminar that the social-experiential model first came to her attention as an innovative method which had proven successful but received little coverage in the professional literature.

With her interest thus piqued, she did field research on those projects, and concluded that the unconventional treatment approach did not lend itself to conventional description.

In the traditional case-management system, Borkman said, "patients" meet with "therapists" on a one-to-one basis at appointed times. The social-experiential model departs from that approach by establishing a support system of "service seekers" and "staff providers." Under this system, individuals who have (or have had) alcohol problems in common work together to find solutions.

During her early visits to the programs, Borkman noticed an absence of formality and structure. Clients appeared to wander in, sit down, and talk informally to other clients, or meet in groups. As she began sitting in on discussions and interviewing staff, she discerned a pattern of mutual support similar to that on which Alcoholics Anonymous was founded. Clients, who were never perceived as "patients" but as "persons in the process of getting well," were encouraged to extend support to others in need.

According to Borkman, this perception helps increase the alcoholics' self-esteem and improve chances for recovery.

To explain the difference between this model and the traditional therapist-patient model, Borkman said that conventional therapists often feel that "if they can talk about it, they know it." The social experiential service provider takes the position that "if you have experienced it personally, you know it."

She emphasized that "the *treatment* is the network of relationships; the *method* teaches participants to gather strength from the network."

NIAAA is planning to publish a monograph based on Borkman's research findings.

—Walter Clark, ADAMHA

METHADONE from page 1

with animals as described in previous studies: "It's as if you gave an animal free food just before requiring a task leading to more food."

In another proposed study to verify his amotivational theory, Thompson is exploring the amount of time pigeons delay working at a tracking task in which they must peck keys to control a moving light within a given range.

As the dosage of methadone increases, he expects that the pigeons may be less inclined to start tracking the light, although they may perform adequately once they begin.

Thompson's data has implications for treatment of methadone patients. For example, he found that pigeons given methadone are more likely to persevere at a task if they were rewarded or reinforced frequently. In contrast, they would not work consistently when infrequently reinforced.

Relating this finding to people, Thompson explains, "If you tell methadone patients on Monday, 'You won't get paid until Friday,' you can expect them not to work on Monday.

"This does not mean that methadone is not an effective drug in treating heroin addiction," Thompson cautioned. "What it means is that if you treat people with moderate to high doses of methadone, they will not be interested in doing much unless you build into your treatment a very rich schedule of rewards or reinforcers."

As one example, he suggests that patients be rewarded with daily vouchers or tokens for going to work and staying away from criminal activities. "Once heroin becomes less important because of the methadone and other built-in rewards, you can gradually stop the methadone treatment. At that point, the positive feedback in the patient's natural environment should be enough."

Thompson believes that the basic research he and his colleagues are conducting to map out the variables that control drug-taking in animals should be applied on a much larger scale in a clinical setting such as a methadone maintenance clinic.

"We need both basic research and clinical trials," the scientist emphasizes. "Ten years ago, we knew very little about a drug [methadone] which was widely used and seemed benign. We need to develop specific strategies to find out what a drug does and how it works. By using the knowledge we have in a cumulative way, we can understand the variables that will lead to a treatment with long-lasting effects.

—Lenore Gelb, NIDA

Successful Measles-Rubella Eradicaton Spares U.S. Children Brain Damage/Disorders

Speaking at an NIMH-sponsored meeting on the "Conquest of Agents That Endanger the Brain," HHS Secretary Richard Schweiker congratulated meeting participants and other health professionals who had accomplished the virtual elimination in the United States of measles, rubella (German measles), and resulting mental disorders.

The successful disease prevention effort cited by Schweiker, which involved immunization of 90 percent of the school-aged population and intensive and ongoing surveillance, is believed to have saved millions of children from death and brain damage.

Secretary Richard Schweiker

Schweiker also announced that HHS will put new emphasis on preventing deaths attributed to unhealthy lifestyles by mounting a campaign to educate the medical community and the public about "how much Americans can do for their own good health."

The October meeting was collaboratively organized by the NIMH Office of Prevention, Prevention Research Branch, and Center for Epidemiological Studies of the Division of Biometry and Epidemiology; the PHS Centers for Disease Control (CDC); and the Johns Hopkins School of Hygiene and Public Health, where the meeting was held.

Dr. Stephen Goldston, Director, NIMH Office of Prevention, described the meeting as an "historic occasion with an all-star cast of persons who had been involved in what mental health workers conceptualize as the primary prevention of brain diseases and disorders—a DSM-III classification."

A meeting that brings together experts in brain damage, public health virology, and mental health may seem unusual, said Goldston, but NIMH involvement in the area goes back to 1947, when the Institute initiated a training program in public health for mental health specialists. Coincidently, the first grant was awarded to Yale University's Dr. Ernest Gruenberg, "who gave impetus to this meeting," said Goldston. Gruenberg, professor emeritus and former chairman of the Department of Mental Hygiene at Johns Hopkins, is now a Visiting Scientist with the NIMH Division of Special Mental Health Programs.

Gruenberg, who has worked to create a bridge between public health, epidemiology, and mental health, welcomed the conference participants, many of whom presented scientific findings on the long-term, devastating mental and neurological problems associated with measles and rubella.

Dr. Stella Chess, Professor of Child Psychiatry, New York University Medical Center, described the mental disorders, distortions of personality development, and physical handicaps found in a longitudinal study of more than 200 children with congenital rubella, who were followed to adolescence.

At the initial evaluation, when the children were between the ages of 2 and 5, less than 25 percent had no defects. The most frequent handicap, hearing loss, was found in 72.8 percent. More than 32 percent had visual, neurological, and cardiac abnormalities.

Mental retardation occurred in 37 percent of the cases, behavior disorders in more than 18 percent, and autism in more than 7 percent. "The incidence of psychiatric disorder was significantly higher in the handicapped as compared to the nonhandicapped children, and rose in frequency with increasing number of defects," said Chess.

The most common brain syndrome was mental retardation, affecting 82 children. This handicap was severely exacerbated by its frequent association with physical defects. The more profound the retardation, the more additional handicaps were visited on the child, reported Chess. Of those who were profoundly retarded, 80 percent had 3 or 4 physical defects.

> *"Central nervous system damage is one of the serious consequences of rubella . . . the pathological effects on the child and family can be catastrophic."*

Autism was diagnosed in 18 children at the initial evaluation. Reevaluation at ages 8-9 indicated that, while 3 were recovered and 1 improved, 7 new cases had emerged. "The most likely explanation for this very high prevalence rate for autism in our congenital rubella sample is that it is caused by a chronic rubella virus encephalitis," said Chess.

Because of difficulties in differentiating neurological from environmental contributors, Chess was "parsimonious" in diagnosing chronic brain syndrome at the initial evaluation—but she felt more comfortable about assigning the diagnosis after two followups at ages 8-9 and 13-14. Excluding the mentally retarded and the autistic, 17 adolescents were diagnosed as having chronic brain syndrome; they displayed such "prominent behavior symptoms as perseveration, difficulty in shifting from one task to another, sudden shifts in mood or overreaction to minor stimuli, motility disturbance, and a high degree of distractability."

Dr. Stella Chess

Chess also discussed the problems experienced by families of these children. She reported that parents undergo stresses that persist for a long time and are frequently changing with no relief in sight. As children grow older and physically stronger, Chess pointed out, minor problems can become major. Some families attribute all their difficulties—marital and family—to the child, adding another dimension to the child's affliction.

"It is very clear from our survey that central nervous system damage is one of the serious consequences of congenital rubella," she concluded. " In instances such as autism, severe mental retardation, and chronic brain syndrome, or when combined with other physical defects such as blindness or deafness, the pathological effects on the child and family can be truly catastrophic."

The number of U.S. families and children facing these severe difficulties has been greatly reduced during the past 20 years by the aggressive vaccination effort developed by CDC that dramatically reduced cases of both rubella and measles. Dr. Alan Hinman, Director, Immunization Division, CDC's Center for Prevention Services, reported that the estimated number of 12½ million rubella cases in 1964-65 dropped to 271 known cases in 1980-81.

An even more dramatic reduction in measles was reported by Hinman's colleague, Dr. Alan Block. Before the development of a safe and useful vaccine, almost all Americans had measles before adulthood. This year, measles have essentially been eradicated in this country with the exception of the few cases brought in by travelers.

In 1923, continued Block, more than 10,000 Americans died from measles-related conditions, such as encephalitis and pneumonia. This year, there have been no reported deaths.

Dr. Richard Johnson, Eisenhower Professor of Neurology and Microbiology, Johns Hopkins University School of Medicine, noted that, while much of the world still accepts measles as a prerequisite to growing up, it actually is one of the three most com-

See MEASLES (P. 8, Col. 1)

MEASLES from page 7

mon causes of childhood death in much of the underdeveloped world. Between 10 and 20 percent of those who contract measles die, and two-thirds are left with aftereffects. Measles-encephalitis, said Johnson, can cause mild to severe mental retardation.

In discussing how best to rid the world of measles and rubella, Dr. Julius Richmond, former Surgeon General and now Professor of Health Policy, Harvard Medical School, said three conditions were needed to affect the public's health: a good knowledge base, the political will to generate the resources needed to apply the knowledge base, and social strategies to transfer the knowledge into programs.

Citing the work of the World Health Organization and the leadership of meeting participant Dr. Donald Henderson, Dean, Johns Hopkins School of Hygiene and Public Health, Richmond emphasized that the knowledge base—namely, effective childhood immunization methods—is available. With political will and appropriate social strategies, he contended, measles and rubella and their associated mental health problems also can be eradicated.

Other meeting participants were Dr. Saul Krugman, New York University Medical Center; Dr. J. Alistair Dudgeon, Institute of Child Health, University of London; Dr. Ross Stuckless, National Technical Institute for the Deaf; Dr. Paul Parkman, FDA; and Drs. William Foege, William Orenstein, Kenneth Bart, and Jeffrey Koplan, all with CDC.

—*Marilyn Sargent, NIMH*

CHARTERS AMENDED

Student and Parent Members To Join NIAAA and NIDA Advisory Councils

HHS Secretary Richard Schweiker has amended the charter of the National Advisory Council of the National Institute on Alcohol Abuse and Alcoholism and intends to do so for the charter of the National Institute on Drug Abuse to provide for student and parent membership. The Councils meet 3 times a year to provide advice on policies and programs of the two Institutes.

Henceforth, two of the 12 members appointed to each Council by the Secretary will be students and parents actively involved as leaders in programs to combat alcohol and drug abuse among young people. The new appointments will fill vacancies on the Councils.

This action is among other steps Schweiker has taken in a drive against teenage alcohol abuse launched last Fall. "We must bring young people into our deliberations," the Secretary said. "Many young people themselves have undertaken to try to reduce address the tragic toll of drinking and driving. Through student-run programs in our schools across the country, young people are increasingly involved in seeking solutions."

The Secretary's action also acknowledges the growing parent movement across the country to combat teenage drug abuse. Thousands of parent groups have formed in communities across the country to face the problem and improve parent-child communication to discourage young people's abusing drugs.

An active member of the organized parent movement, Dr. Thomas Gleaton, Jr., Associate Professor of Georgia State University, Atlanta, is already a member of the National Advisory Council on Drug Abuse. The Secretary will add a student leader against drug abuse to the group.

He also will appoint a student and a parent leader to the National Advisory Council on Alcohol Abuse and Alcoholism.

ADAMHA NEWS
is taking a holiday!
The next issue
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STAFF NEWS

Vivian Kim, Robert Trachtenberg

FEW Honors Trachtenberg

ADAMHA Deputy Administrator Robert Trachtenberg recently received an honorary membership in the Parklawn Chapter of Federally Employed Women (FEW) "in appreciation of his long history of supporting women's programs."

Trachtenberg has received numerous awards for his service and accomplishments throughout his Federal career, most recently, the Presidential Distinguished Executive Award.

At the FEW award ceremony, chapter president Vivian Kim announced that "this is the first of several honorary memberships FEW will award in the months to come as part of our concerted effort to recruit more men into our ranks."

De Vierno Retires— Served 40 Years

John De Vierno, Director of the Division of General Services, ADAMHA Office of Administrative Management, will retire December 31 after more than 40 years of Federal service.

De Vierno began his career in the Navy Department in 1942. He served with ADAMHA since 1973, and was an NIMH staff member from 1968 to 1972. He was at NIH from 1960 to 1968.

De Vierno received an ADAMHA Administrator's Award for Meritorious Achievement in 1976. Among many accomplishments cited were: his development of a plan for upgrading buildings and facilities at Saint Elizabeths Hospital which led to an appropriation of $55.3 million for that purpose in FY 1979; his unfailing ability to negotiate ample space for agency programs, often in the face of threatened space reduction; his leadership in training and utilizing handicapped and minority employees to maximize their career development and advancement; and his success in managing a Combined Federal Campaign in 1975-76 in which ADAMHA reached 119 percent of its dollar goal, the highest of any HEW agency.

De Vierno also received Superior Performance Awards in 1963 and 1970. He recently was nominated for a cash award for special service to the agency. The nomination says, "During the last year, a time of upheaval within the agency, he demonstrated that an exceptionally resourceful, capable manager can turn a dismal situation that in most offices would lead to disrupted, inefficient operations, reduced services, and poor morale, into one characterized by continued delivery of high-quality services, quiet efficiency, and high output per employee, with a high level of morale."